

F 00000001980

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: MAPLELEAF INC.
(Name of corporation - must include suffix)

Dear Sir or Madam: ⁰⁰⁷⁸⁹
00310-00671

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: ⁴⁰⁰⁰⁰³¹⁸⁶⁰⁶⁴⁻⁻²
^{-03/27/00--01142--010}
^{*****78.75 *****78.75}

Leila JARVI
(Name of Person) ^{W-8404}
Mapleleaf INC.
(Firm/Company)
3400 N. OLEAN DR.
(Address)
Singer Island FL. 33404 ^{4/7}
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Leila JARVI at (561) 842 4251
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

09 APR - 7 AM 10:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 29, 2000

LEILA JARVI
MAPLELEAF INC.
3400 N. OCEAN DR.
SINGER ISLAND, FL 33404

SUBJECT: MAPLELEAF INC.
Ref. Number: W00000008404

We have received your document for MAPLELEAF INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 900A00017286

RESOLUTION OF BOARD OF DIRECTORS
(Please print or type)

I, the undersigned Leila Järvi, do hereby certify
(Name)

that this Resolution of the Board of Directors of MAPLELEAF INZ.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEW YORK
was duly adopted on April 3, 20 00.

Be it resolved, that MAPLELEAF INZ.
(Corporate Name)

organized and existing in the State of NEW YORK, hereby adopts the name
LMJ INZ. for use in Florida.

Dated: 4.3.00

Leila Järvi

Signature of either Chairman, Vice Chairman or any officer

LEILA JÄRVI

Type or print Name

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MAPLE LEAF, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK (State or country under the law of which it is incorporated) 3. 13-A086349 (FEI number, if applicable)

4. 11.04.99 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 155 WEST 68th ST. NY NY 10023
(Principal office address)

b. 3400 N. Ocean Dr. Singer Island FL 33404 Apt. 1508
(Current mailing address)

8. Music Management - Concert Promotion
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Leila Jarvi

Office Address: 3400 N. Ocean Dr. #1508
Singer Island, Florida 33404
(Zip code)

FLORIDA STATE DEPARTMENT OF REVENUE DIVISION OF CORPORATIONS

DD APR - 7 AM 10:48

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Leila Jarvi
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Leila Järvi

Address: 155 W 68th St. NY NY 10023

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Leila Järvi

Address: 155 W 68th St. NY NY 10023

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Leila Järvi
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Leila Järvi
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of MAPLELEAF, INC. was filed on 11/04/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 17th day of March
two thousand.*

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