

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LO1000000778

Maple Fidelity
Trust, L.C.

000003539320--6
-01/17/01--01001--009
*****125.00 *****125.00

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ✓ L.C. File Arts. of Org.
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ✓ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

01 JUN 16 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

01 JUN 16 PM 2:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signature _____

Requested by: BO

Name _____

Date 1/16/01

Time 1:55

Walk-In _____

Will Pick Up _____

File-01

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY
OF
MAPLE FIDELITY TRUST, L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Article of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be: MAPLE FIDELITY TRUST, LLC ("Limited Liability Company")

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be:

2328 Tenth Avenue North, Suite 403
Lake Worth, Florida 33461-6606

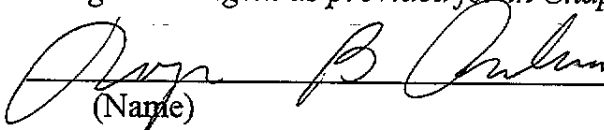
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and address of the registered agent and office is:

Roger Rukin
(Name)

2328 Tenth Avenue North, Suite 403
Lake Worth, Florida 33461 - 6606

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificated, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Name)

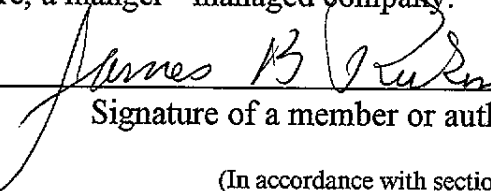
January 2, 2001

(Date)

forms.crp\MAPLE FT-a

ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or authorized representation of a member.

January 2, 2001

Date

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James B. Rukin Revocable Trust U/A/D 5/7/96

Typed name of signee

APPROVED
AND
FILED
01 JAN 16 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA