## Florida Department of State

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Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (305)673+0347 Fax Number : (305)532-0738

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## LIMITED LIABILITY COMPANY

Maple Distribution Center L.L.C.

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

## ARTICLE 1 NAME

The name of the Limited Liability Company is: Maple Distribution Center L.L.C.

### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability PO Box 54783

Orlando, FL 32854-7873

1515 Vassar St Orlando, FL 32804

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent Chris Carducci

1515 Vassar St.

Orlando, FL 32804

Having been named as registered agent to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S...

Chris Carducci / Registered Agent's Signature

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Maple Distribution Center L.L.C.

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### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by the one or more members and is, therefore a Member-Managed Company.

### ARTICLE V MEMBERS (optional)

Member:

Chris Carducci

**B03 Maraval Ct** 

Longwood, Florida 32750

Member:

Lu-Ann Carducci

803 Maraval Ct

Longwood, Florida 32750

ALLAHASSEE, FLORID

Signature of a member or an authorized representative of a member,

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

Chris Carducci

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FILED