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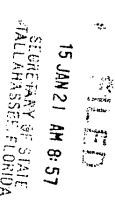
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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4. Statemen FEB 0 2 2015

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	maple Vent	www. LLC mited Liability Company	
30 1301.C1 ,	Name of Li	mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	natter to the following:	
	Julian B.L	wcQueen	
•		Name of Person	
	Janispu Ho	tels	
		Firm/Company .	
	Baybridge N	rue	
6	Suex Breeze	Address 3256 City/State and Zip Code	1
	E-mail address: (to be use	Re. Com d for future annual report notifica	ation)
For further information	on concerning this matter, ple	ase call:	
Caral	ne of Person		09 lephone Number
Enclosed is a check for	or the following amount:		
l \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Maple Ventures	LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: 113 Bayfridge Drue Guer Buer 71 32561	Mailing Address: 1/3 Baybridge Drive Gulf Brieg Fl 3250

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pulsan B. Mac Queen

Name

113 Baybridge Drive

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze FL 32561

City Zip

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 certificate, 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 JAN 21 AM 8: 57
SERVERALY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Junistice Hotels Anc. 1%
	mes Bress 71 32561
AMBR	Online P. Mac Queer 99"
	113 Baylridge Drive
	gues Breeze +1 32861
E V: Effective date, if other than the da	te of filing:
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E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation under that any false inforcement of the constitutes at third degree felorestitutes at third degree felorestitutes.)	number or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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ARTICLE IV-