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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. MAPLE SOLUTIONS LLC

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20 FEB 25 XH \$ 27



February 25, 2020

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: EH ENTERPRISES LLC

REF: W20000020039

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Jalesa S Dennis Regulatory Specialist II New Filing Section FAX Aud. #: H20000060817 Letter Number: 520A00004132

20 FEB 25 KH 9 27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	ıy is:
Maple Solutions LLC (Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6644 SWEET MAPLE LANE	6644 SWEET MAPLE LANE
BOCA RATON, FL 33433	BOCA RATON, FL 33433
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ELIEZER M STUART	
	Name
6644 SWEET MAPLE	LANE
Florida stro	ect address (P.O. Box NOT acceptable)
BOCA RATON	FL ,33433
City, S	State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and a second provided for in Chapter 608. F.S.

Cheir M Stuarc

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

20 FEB 25 M 9 27 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member ELIEZER M STUART MGRM 6644 SWEET MAPLE LANE BOCA RATON, FL 33433 HINDA P FREIDUS **MGRM** 6644 SWEET MAPLE LANE BOCA RATON, FL 33433 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE:

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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

ELIEZER M STUART

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)