# M1500

Office Use Only



400270592094

03/17/15--01006--008 \*\*125.00

APROS ZOUS J. HARRIS

#### TULA MICHELE HAFF

Attorney and Counselor at Law

TELEPHONE 863.421.2626

135 NORTH 6TH STREET, SECOND FLOOR HAINES CITY, FLORIDA 33844-4247

FACSIMILE 863.421.2828

March 13, 2015

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 VIA NEXT DAY AIR

RE: Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida Maple Enterprises, LLC

Dear Representative:

Attached you will find an Application by Foreign Limited Company for Authorization to Transact Business in Florida, along with a Certificate of Designation of Registered Agent/Registered Office for Maple Enterprises, LLC, to be filed with your office. Also enclosed you will find my firm's check in the amount of \$125.00 to cover the filing fee for these documents.

Please file the Application by Foreign Limited Company for Authorization to Transact Business in Florida and return one stamped copy of each to my office upon completion. I have enclosed a postage pre-paid, self-addressed envelope for your convenient return of the stamped copies.

If you have any questions, please feel free to contact my office.

, // // /////

Tula Michele Haff

TMH/dlh Enclosures

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate name adopted for the purpose of lity Company." "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include	"Limite
Vyoming	<sub>3.</sub> 90-0989394	
risdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)	
n/a		
	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)	
121 South Orange Ave. Suite 8	50	211
Orlando, FL 32801	LEC A	SA A
(Street Addr	ress of Principal Office)	<del>20</del>
121 South Orange Ave. Suite 85	50	7
Orlando, FL 32801	Services of the services of th	D E
	ailing Address)	<del>ب</del> د
The name, title or capacity and address of the pe	erson(s) who has/have authority to manage is/are:	ಎ
odrigo Cunha, Manager		
21 South Orange Ave. Suite 850	)	
rlando, FL 32801		
		offici

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	is

## Maple Enterprises, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

## TULA MICHELE HAFF, ESQUIRE

(Name)

## 135 N 6TH STREET, SECOND FLOOR

Florida Street Address (P.O. Box NOT ACCEPTABLE)

HAINES CITY

\_, 3384

City/State/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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# Maple Enterprises, LLC

**Limited Liability Company** 

formed or qualified under the laws of Wyoming did on October 19, 2012, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2012-000631380.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of March, 2015 at 10:16 AM. This certificate is assigned 017369838.



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.