P96000101704

TO: DIVISION OF CORPORATIONS   FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY   ACCT#: 072450003255
      CONTACT: RAY   STORMONT
      PHONE: (305)541-3694   FAX #: (305)541-3770

NAME: MAPLE SHADE, INC.
      AUDIT NUMBER......H96000017629
      DOC TYPE.........FLORIDA PROFIT CORPORATION OR P.A.
      CERT. OF STATUS..0   PAGES....... 4
      CERT. COPIES......1   DEL.METHOD.. FAX
                                   EST.CHARGE.. $122.50
NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
      AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:
Help F1 Option Menu F2   NUM   Connect: 00:10:51

RECEIVED
96 DEC 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
96 DEC 17 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

H96000017629

The undersigned, acting as incorporator of a corporation

under the Florida General Corporation Act, adopts the

following Articles of Incorporation for such corporation:

1. Name:

The name of this corporation is

MAPLE SHADE, INC.

2. Duration:

The period of its duration is perpetual.

3. Purpose:

The purpose is to engage in any activities or business
permitted under the laws of the United States of America
and Florida.

4. Capital Stock:

The corporation is authorized to issue five hundred (500)
shares, all of one class, for cash at a par value of one
dollar ($1.00) per share.

5. Principal Place of Business for this corporation shall
be:

8400 N UNIVERSITY DR SUITE #315
TAMARAC, FLORIDA 33321

6. Initial Board of Directors:

The corporation shall have ONE (1) director initially.
The number of directors may be either increased or
decreased from time to time by an amendment of the by-laws
of the corporation in the manner provided by law, but
shall never be less than ONE (1). The name and address
of the initial directors of this corporation is:

NAME	ADDRESS
LYNNE GOLDER	4817 NW 82nd TERR
	CORAL SPRINGS, FL 33067

prepared by:
Steven S Lindenbaum, CPA PA
767 S State Rd 7 Suite 24
Margate, FL 33068
954-978-5981

H96000017629

H96000017629

7. Incorporator:

The name and address of the Incorporator signing these Articles of Incorporation is:

NAME
LYNNE GOLDER

ADDRESS
4817 NW 82nd TERR
CORAL SPRINGS, FL 33067

8. Initial Registered Agent & Office:

LYNNE GOLDER
8400 N UNIVERSITY DR #315
TAMARAC FL 33321

9. Amendment of Articles:

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

10. Stock Issue:

The capital stock of this corporation shall be issued in the following manner:

LYNNE GOLDER - FIVE HUNDRED (500) SHARES

11. Voting:

One share equals one vote.

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed of these Articles of Incorporation at MARGATE, Florida, on the 17th day of December, 1996.

Incorporator

Registered Agent

H96000017629

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida statutes, the following is submitted, in compliance with said Act:

First-That _____ MAPLE SHADE, INO, _____
(Name of Corporation)
desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of

incorporation at City of _____ TAMARAC _____ County
(City)

of _____ BROWARD _____, State of Florida has
(County)

named _____ LYNNE GOLDER _____
(Name of Registered Agent)

located at _____ 8400 N UNIVERSITY DR #315 _____
(Street address and number of building,
Post Office Box address not acceptable)

City of _____ TAMARAC _____, County of _____
(City)

_____ BROWARD _____, State of Florida, as its agent
(County)

to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By _____ *Lynne Golder* _____
Signature
Registered Agent

H96 000017629