

LOS 000047656

05 MAY 13 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

05 MAY 13 AM 10:23

05 MAY 78
BIRMINGHAM, ALABAMA
BIRMINGHAM, ALABAMA

BRUNSWICK, FLORIDA
LLC.

JOHN ERICKSON

(Firm/Company)

~~CONFIDENTIAL~~

5845 Cypress Circle

(Address)

TALLAHASSEE

FLA

32302

(City/State and Zip Code)

at ()

(Name of Person)

(Area Code & Daytime Telephone Number)

☐ \$125.00 Filing Fee

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(additional copy is enclosed)

**Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAVERICK CONSULTING + BROKERING LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5845 CYPRESS CIRCLE
TALLAHASSEE FLA.
32303

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

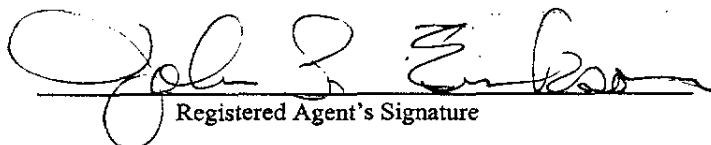
The name and the Florida street address of the registered agent are:

JOHN GRICKSON
Name

5845 CYPRESS CIRCLE
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32303
City, State, and 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 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MGRM

JOHN ERICKSON
5845 CYPRESS TALLAHASSEE
TALLAHASSEE FL 32303

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 that the facts stated herein are true.)

JOHN L ERICKSON
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)