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SECRETARY OF STATE
ALLAHASSEE, F. STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: MAVERICK MARKETING AND INVESTMENT Properties LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fillip GARRISON (Name of Person)
MAVERICK MARKETING And investment properties LLC (Firm/Company)
11736 Reedy CREEK Dr. #206 (Address)
ORLANDO, FI 32836 EEE E
For further information concerning this matter, please call:
Fillip GARRISON at (407) 267-589 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sigma \sigma \si
(additional copy is enclosed) Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mauerick	MARKETING AND INVESTMENT PRODERTIES LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
	(Must end with the Words "Limited Liability Company, "L.L.C.," or "LLC.")
	E II - Address: ng address and street address of the principal office of the Limited Liability Company i

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
11736 Reedy Creek DR. ORlando, Fl. 32836	#206 <u>SAMe</u>
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Fillip G	the registered agent are: ARRIVATION Name SECRETARY NAME ASSETTARY NAME AS
J	Vame SAR 2
11736 Reed	y creek DR. 25060
Florida stre	et address (P.O. Box NOT acceptable 5
orlando	FL 32836 57 8
City, S	tate, 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..

Filip GARRISON

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRIVI — Ivialiagilig Ivieliloei MGR	Fillip GARRISON 11736 Reedy Creek Dr. #2 ORIANULO, Fl. 32836
	SECR TALLA
	AR 28 D ASSEE, FU
	0 2 23
(Use attachment if necessary)	
CLE V: Effective date, if other than th	be date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must lood days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated	CARR. SON Deer or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury therein are true.)
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)