

L08000035247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

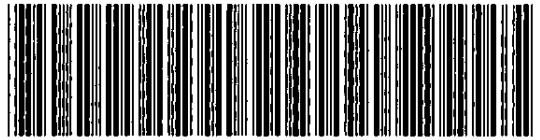
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2008 APR - 7 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: MAVEN CONSULTING GROUP, LLC

Enclosed please find an original and one (1) copy of the articles of incorporation for the above Limited Liability Company and check in the amount of \$125.00.

Please forward a certified copy to the address listed below.

From: ALAN JACKSON
1311 LAHARA WAY
TRINITY, FLORIDA 34655

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I-NAME:

The name of the Limited Liability Company is:

MAVEN CONSULTING GROUP, LLC

ARTICLE II-ADDRESS:

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

1311 LAHARA WAY
TRINITY, FLORIDA 34655

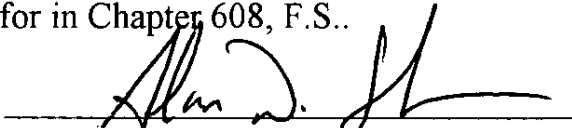
ARTICLE III:

Registered Agent, Registered Office, & Registered Agent's Signature:

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

ALAN JACKSON
1311 LAHARA WAY
TRINITY, FLORIDA 34655

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

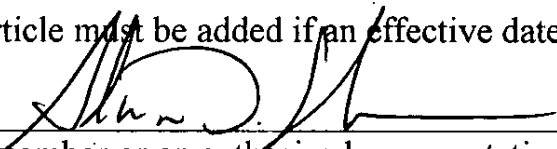
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ARTICLE VI: MANAGEMENT

(Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of 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)

ALAN JACKSON
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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