

L15000096870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W15-25754

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2015 JUN -4 P 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 04 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2015

DONALD SCOTT CAMPBELL  
30935 E. THYME AVENUE  
EUSTIS, FL 32736

SUBJECT: MAVERICK ENTERPRISES, LLC  
Ref. Number: W15000025754

We have received your document for MAVERICK ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P00000000407.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 915A00007353

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAVERICK DIGGS ENTERPRISES  
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:

DONALD SCOTT CAMPBELL

Name of Person

MAVERICK DIGGS ENTERPRISES, LLC

Firm/Company

30935 E. THYME AVENUE

Address

EUSTIS, FLORIDA 32736

City/State and Zip Code

CHESSIES4ME@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD SCOTT CAMPBELL

Name of Person

at ( 352 )

Area Code

357-7161

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

SECRETARY OF STATE  
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:

MAVERICK DRUGS ENTERPRISES, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

30935 E. THYME AVENUE  
EUSTIS, FL 32736

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DONALD SCOTT CAMPBELL  
Name  
30935 E. THYME AVENUE  
Florida street address (P.O. Box **NOT** acceptable)  
EUSTIS FL 32736  
City Zip

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*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, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

- The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MEGAN W. CAMPBELL

30935 E. THYME AVENUE

EUSTIS, FL 32736

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MEGAN W. CAMPBELL

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)

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TALLAHASSEE, FLORIDA

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