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Division of Corporations

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Account Number : 120000000146 : (305)444-4994

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## FLORIDA LIMITED LIABILITY CO. THE MAVERIC GROUP, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

## ARTICLES OF ORGANIZATION FOR FLORIDAL IMPEDILIABILITY COMPANY

The Maveric (	Group, LLC.
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
e mailing address and street address of the principal office of t	he Limited Linbility Company is:
Principal Office Address:	Mailing Address:
581 Royal Palm Way	581 Royal Palm Way
Davie, FL 33325	Davie, FL 33325
RTICLE III - Registered Agent, Registered Office, & Regis the Limited Liability Company cannot serve as its own Register other business entity with an active Florida registration.)	tered Agent's Signature:
and the Florida street address of the registered agent ar	re:
Balazs B	
the name and the Florida street address of the registered agent ar  Balazs Br  Name  581 Royal F	rassay

Florida street address (P.O. Box NOT acceptable)

33325 **Davie** State City 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. Thereby 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.,

Agent's Signature (XEQUILLED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Claudia Brassay 581 Boyal Palm Way Davie, FL 33325
(Use attachment if necessary)	
fective date is listed, the date must be spot filing.) If the date inserted in this block does not iment's effective date on the Department.	meet the applicable statutory filing requirements, this date will not tof State's records.
fective date is listed, the date must be spot filing.) If the date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to f State's records.
fective date is listed, the date must be spot filing.) If the date inserted in this block does not iment's effective date on the Department.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a material description of the document is executed an aware that any fals.	meet the applicable statutory filing requirements, this date will not to of State's records.  Sometiment of State's records.  Sometiment of State and authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State are fellony as provided for in s.817.155. F.S.
of filing.) If the date inserted in this block does not iment's effective date on the Department.  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a manual content is executed an aware that any fals.	meet the applicable statutory filing requirements, this date will not to f State's records.  The second statute of a member of