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| Certified Copies          | Certificates              | of Status                                    |
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| Special Instructions to F | Filing Officer:           |  |
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DIVISION OF CORPORATIONS
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| THE MAVERICK              | ΓEAM 2, LLC  |             | - |                                |  |
|---------------------------|--------------|-------------|---|--------------------------------|--|
|                           |              |             |   |                                |  |
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|                           |              | _           |   | Art of Inc. File               |  |
|                           |              |             |   | LTD Partnership File           |  |
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|                           |              |             |   | L.C. File                      |  |
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|                           |              |             |   | Certificate of Good Standing   |  |
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|                           |              |             |   | Corp Record Search             | _  |
|                           |              |             |   | Officer Search                 |  |
|                           |              |             |   | Fictitious Search              |  |
| Signature                 |              |             |   | Fictitious Owner Search        |  |
|                           |              |             |   | Vehicle Search                 |  |
|                           |              |             |   | Driving Record                 |  |
| Requested by: SETH        | 08/19/22     |             |   | UCC 1 or 3 File                |  |
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|-------------|----------------------------------|--|---|--|---------------|
| TO:         | New Filing Sec<br>Division of Co |  |   |  |               |
| SUBJEC      |                                  | ERICK TEAM 2, LLC                            |   |  |               |
|             |                                  | Name of Lin                                  | nited Liability Company   |  |               |
| The encl    | osed Articles of                 | Organization and fee(s) are                  | e submitted for filing.   |  |               |
| Please re   | turn all correspo                | ondence concerning this ma                   | atter to the following:   |  |               |
|             | Joshua L. Re                     | esnick, Esq.                                 |   |  |               |
|             |                                  |  | Name of Person  |  | DIVISION      |
|             | McDonald F                       | lopkins LLC                                  |   | 900  | DIVISION OF C |
|             |                                  |  | Firm/Company  |  |               |
|             | 505 S. Flagle                    | er Drive, Suite 300                          |   |  | Y OF SI       |
|             |                                  | V = 11.                                      | Address   | - D  |               |
|             | West Palm I                      | Beach, FL 33401                              |   | .,   | No.           |
|             | <del>.</del>                     |  | ity/State and Zip Code  |  |               |
|             |                                  | donaldhopkins.com                            |   |  |               |
|             | Ì                                | E-mail address; (to be used                  | for future annual report notificat  | ion)   |               |
| For further | r information co                 | ncerning this matter, please                 | call:   |  |               |
|             | Joshua I., Re                    | snick, Esq. 56                               |   |  |               |
|             | Nam                              |  | rea Code Daytime Telephor   | ne Number  |               |
| Enclosed    | l is a check for the             | he following amount:                         |   |  |               |
| ≣\$125.0    | 00 Filing Fee                    | □\$130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed | :d)           |

Mailing Address
New Filing Section
Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee

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

# ARTICLE I - Name: The name of the Limited Liability Company is: THE MAVERICK TEAM 2, LLC (Must contain 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: 2881 S Federal Hwy, Suite 1 2881 S Federal Hwy, Suite 1 Delray Beach, FL 33483 Delray Beach, FL 33483

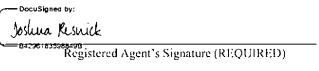
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

| McDonald Hopkins L      | LC                             |            |
|-------------------------|--------------------------------|------------|
|                         | Name                           |            |
| 505 S. Flagler Drive, S | Suite 300                      |            |
| Florida street address  | (P.O. Box <u><b>NOT</b></u> ac | cceptable) |
| West Palm Beach         | F1,                            | 33401      |
| City                    | State                          | 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 605, F.S.



(CONTINUED)

# ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member                                 | Name and Address:  |
|--|--|
| "MGR" = Manager  | E .  |
| <u>AMBR</u>  | Mayerick Levy 2881 S Federal Hwy, Suite 1 Delray Beach, FL 33483 22  |
|  | PH 9: 0  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
| (If an effective date is listed, the date must be s the date of filing.) | e of filing:   |
| ARTICLE VI: Other provisions, if any.                                    | <del></del>  |
| REQUIRED SIGNATURES  Maverick Levy                                       |  |
| Signature of a n<br>This document is exec<br>I am aware that any fal     | nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. |
| Maverick Levy  |  |
|  | 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)