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Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368



FLORIDA/FOREIGN LIMITED LIABILITY CO.

Maverick Holdings, L.L.C. d/b/a Maverick Holdings Hawthornes L.L.C.

Certificate of Status	0	
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JAN -6 2009

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of MAVERICK HOLDINGS L.L.C.
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
MISSISSIPPI (State or Country of Organization)
(State or Country of Organization)
MISSISSIPPI (State or Country of Organization) Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
MAVERICK HOLDINGS HAWTHORNE, L.L.C. (Name to be used by limited liability company in Florids. NOTE: Name must and with Limited Liability Company, L.L.C., or ELC.)
Date: DECEMBER 23, 2008
Signature(s) of Manager(s) and/or Managing Member(s):
totaking McCillage Manager
,

CR2E122 (7/07)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MAVERICK HOLDINGS, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Markock Holdmas Howthome L.L.C. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") MISSISSIPPI (Jurisdiction under the law of which foreign Limited liability (FEI number, if applicable) company is organized) MAY 9, 2006 PERPETUAL (Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual") UPON REGISTRATION (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 239 LUMPKIN KOAD CARRIERE, MISSISSIPPI 39426 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: PATRICIA McCULLOUGH, 2000 CARPENTER PIKE, VERSAILLES, KENTUCKY 40393 10. Attaction is an original contificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE HOLDINGS Signature of A momber of an authorized representative of a member. (In accordance will section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of parjury that the facts stated herein are true.)

Typed or printed name of signee

JEFFREY STODGHILL, AUTHORIZED REPRESENTATIVE

FLOST - OC/28/2007 UT bystein Gullius

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	e Limited Liability Compa	iny is:		
MAVERICK HOLDI	NGS, L.L.C			
If name unavailab	le, the alternate name to be	used in the state	of Florida is:	09 JAN 60
2. The name and	the Florida street address o	of the registered a	eunt and office are:	ક
	CT	Corporation System		
		(Name)		
	1200 S	South Pine Island Ros	Ŋ	
_	Florida Street Addi	ress (P.O. Box NOT	ACCEPTABLE)	
	Plantation	FL.	33324	
		City/State/Zip		
liability company a agent and agree to relating to the pro- obligations of my)	•	nis certificate, I he her agree to compi nce of my duties, a	reby accept the appointment y with the provisions of all nd I am familiar with and a Chapter 608, Florida Stat	u as registered statutes accept the
	\$ 100.00 \$-25.00	•	application Registered Agent	
•	\$ 30.00	Certified Copy	- -	

\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filled in my office do hereby certify that:

MAVERICK HOLDINGS, L.L.C.

Formed May 9, 2006

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

239 LUMPKIN ROAD CARRIERE MS 39426

and that the registered agent at that address is:

MCCULLOUGH, PATRICIA O

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Criven under my hand and seal of office November 24, 2008

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 10663012-1 Page 1 of 1 Reference: Verify this certificate online at https://kectre.sos.state.ms.us/busserv/corp/suskb/verify.asp

SCORE TAR CORPORATION