

TRANSMITTAL LETTER

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

P000000013448

SUBJECT:

Maverick Financial Group Inc.

(Proposed corporate name - must include suffix)

500003122885--6

-02/03/00--01081--004

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

Lehr Hemenway

Name (Printed or typed)

1367 E. Lafayette St.

Address

Tallahassee, FL 32301

City, State & Zip

(404) 376-9342

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB -3 AM 10:21

FILED

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: Maverick Financial Group Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
1367 E. Lafayette St. Tallahassee, FL 32301.

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lehr Hemenway  
1367 E. Lafayette St.  
Tallahassee, FL 32301

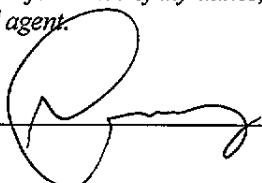
### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lehr Hemenway  
(same)

 \_\_\_\_\_ Name 1/2/00 Date

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

 \_\_\_\_\_ Name 1/2/00 Date

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00 FEB -3 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA