

P04000149945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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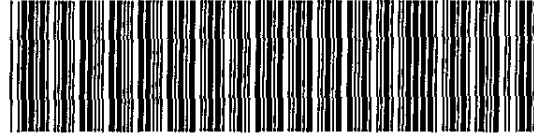
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 29 AM 10:08

OB 11/3

**TRANSMITTAL LETTER**

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

**SUBJECT:** Maverick Business Group, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Jerome P. Ross  
Name (Printed or typed)

PO Box 520361  
Address

Longwood, Florida 32752  
City, State & Zip

407-695-6060  
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: *MAVERICK BUSINESS GROUP, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: *PO BOX 520361  
Longwood, FL 32752*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *BUSINESS SERVICES*

**ARTICLE IV SHARES**

The number of shares of stock is: *750*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

*JEROME P. ROSS - President - 620 DARON CT. Winter Springs, FL  
LAURA O. ROSS - Vice President " " " 32708*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*JEROME P ROSS  
620 DARON CT  
Winter Springs, FL 32708*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*JEROME P ROSS  
620 DARON CT  
Winter Springs, FL 32708*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Jerome P Ross*  
\_\_\_\_\_  
Signature/Registered Agent

*10/26/04*  
\_\_\_\_\_  
Date

*Jerome P Ross*  
\_\_\_\_\_  
Signature/Incorporator

*10/26/04*  
\_\_\_\_\_  
Date