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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)√.					
PICK-UP WAIT MAIL					
(Business Entity Name);					
, ,					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

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

SUBJECT: MAVERICK 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	
& Certificate of Status  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED	
FROM: MAVERICK INC  Name (Printed or typed)	
5689 NW 35TH COURT	
5689 NW 35TH COURT  Address  MIAMI, FLORIDA 33142  MISSING STATE OF THE BEST O	
City, State & Zip  305-638-8810  Daytime Telephone number	
OSCAR@FAMIS INC.COM E-mail address: (to be used for future annual report notification)	

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

## ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailin	g address, if different is:
	5689 NW 35TH COURT		TH COURT
	MIAMI, FLORIDA 33142		RIDA 33142
ARTICLE III	DIIDDAGE		
	which the corporation is organized is:		
	IN ANY LAWFUL ACTIVITIES		
	,		
	·		
	a		
ARTICLE IV	res of stock is: 10,000		
	· ·		
	INITIAL OFFICERS AND/OR DIREC		/
	itle: OSCAR HERNANDEZ, PRESID		
Address:	5689 NW 35TH COURT MIAMI, FLORIDA 33142	Address:	9 NW 35TH COURT MI, FLORIDA 33142
	IVIAWI, ELORIDA 33142	IVIIA	VII, FLORIDA 33142
), I.m			
Name and T Address:	itle:		
Address;	***************************************		
	itle:	Name and Title:	
Address:			
ADTICLE III	REGISTERED AGENT		
	prida street address (P.O. Box NOT acceptab	le) of the registered agent is	·
Name:	OSCAR HERNANDEZ		ويني
Address:	5689 NW 35TH COURT		2% <b>2</b>
	MIAMI, FLORIDA 33142		
ADMICE IN THE	·		
	<u>INCORPORATOR</u> dress of the Incorporator is:		SS SS
Name:	OSCAR HERNANDEZ		Sign 25 1
Address:	5689 NW 35TH COURT		
rudioss.	MIAMI, FLORIDA 33142		SH SH C
	•		
	ed as registered agent to accept service of pr		
this certificate, T a	m familiar with and accept the appointment a	s registered agent and agree t	to act in this capacity
			EED 40 0044
<del>`</del>		<del></del>	FEB 18, 2011
	Required Signature/Registered Agent		Date
submit this docu	iment and affirm that the facts stated herein	are true. I am aware that t	the false information submitted in
	epartment of State constitutes a third degree j		
	) / \		COL 16 7-

Required Signature/Incorporator