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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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Special Instructions to Filing Officer:		
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LAW OFFICES

, GLASSBERG & GLASSBERG, P.A.

13611 SOUTH DIXIE HIGHWAY #109-514 MIAMI, FLORIDA 33176 GLASSBERGLAW@AOL.COM

DAVID M. GLASSBERG LORI H. GLASSBERG

(305) 669-9535 FAX (305) 255-9969

April 2**3.** 2019

Sent via Federal Express

New Filing Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: <u>Maverick Land Company, LLC</u>

Gentlemen:

This Law Firm represents Maverick Land Company, LLC. I enclose an original and one (1) copy of the notarized Articles of Conversion, Articles of Organization, the filing fee and a self-addressed stamped envelope for the return of the filed Apostille.

Should there be any questions regarding this matter, please contact the Undersigned at 305-669-9535.

Very truly yours.

David M. Glassberg

DMG/jb

cc: Maverick Land Company, LLC

COVER LETTER

TO: New Filing Section	
Division of Corporations	
SUBJECT: MAVERICK LAND COMPANY, I	LLC
(Name of Res	sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ig this matter to:
DAVID M. GLASSBERG, ESQUIRE	
(Contact Person)	
GLASSBERG & GLASSBERG, P.A.	
(Firm/Company)	
13611 S. DIXIE HIGHWAY, #109-514	
(Address)	
MIAMI, FL 33176	
(City, State and Zip Code)	
GLASSBERGLAW@AOL.COM	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
DAVID M. GLASSBERG	at (305) 669-9535
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MAVERICK LAND COMPANY, LTD
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a FOREIGN LIMITED PARTNERSHIP
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/10/1995 on
(date of organization, formation or incorporation)
MAVERICKLAND COMPANY, LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

FILED
2019 APR 24 MIII: 12
SECRETARY OF STATE
TALLAH ASSET OF STATE

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Signed this day of APRIL	20_19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	
Printed Name: DAVID M. GLASSBERG	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Ro	69
· · · · · · · · · · · · · · · · · · ·	Title: GENERAL PARTNER
	THE.
Signature: Printed Name: BRADFORD MAGARO	Title: LIMITED PARTNER
S'installation of the state of	
Signature: Printed Name:	Title
rimed Name.	1 nie:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
TOPIcalla Comment to the second to the second to	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
organists of one General Latinet.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
MAVERICK LAND COMPANY, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7710 NW 56TH WAY	7710 NW 56TH WAY
SUITE 200	SUITE 200
POMPANO BEACH, FL 33073	POMPANO BEACH, FL 33073
The name and the Florida street address of the DAVID M. GLASSBERG, ESC Nam 13611 S. DIXIE HIGHWAY, # Florida street address (P.C.)	QUIRE ne 109-514
MIAMI,	FL 33176
City	Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR, MGR	BRADFORD MAGARO
	7710 NW 56 WAY, SUITE 200
	POMPANO BEACH, FL 33073
AMBR, MGR	ROBIN MAGARO
	7710 NW 56 WAY, SUITE 200
	POMPANO BEACH, FL 33073
AMBR	BRADON JARED MAGARO
	7710 NW 56 WAY, SUITE 200
	POMPANO NEACH, FL 33073
AMBR	DROCK CTENIEN MACARO
AMBR	BROCK STEPHEN MAGARO
	7710 NW 56 WAY, SUITE 200 POMPANO BEACH, FL 33073
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
DAVID M. GLASSBERG	

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)

Typed or printed name of signee