# 124000169180

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1022 S. La Grange Road La Grange, Illinois 60525 708-639-4320 Fax: 708-390-0665 heather@fornarolaw.com

### SENT VIA FEDERAL EXPRESS

February 12, 2024

Florida Secretary of State New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Max 57 LLC - Articles of Conversion and Articles of Organization

#### Dear Sir or Madam:

I have enclosed the Articles of Conversion and Articles of Organization to convert Max 57, Inc. from a Florida corporation to a Florida limited liability company. I have also enclosed a draft in the amount of \$185.00 made payable to the Secretary of State for the filing fees plus a certified copy of the Articles of Organization and a Certificate of Status. Please file the enclosed and return the file stamped Articles and Certificate of Status to my attention.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Heather Cavanaugh

Paralegal

Enclosures

### **COVER LETTER**

Division of Corporations	
SUBJECT: Max 57 LLC	
	esulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:
Heather Cavanaugh	
(Contact Person)	<del></del>
Formaro Law	A SECOND
(Firm/Company)	
1022 S. LaGrange Rd.	SECRETARIAN OF TALLARIAN SECRETARIAN OF TALLARIAN SECRETARIAN OF TALLARIAN SECRETARIAN OF TALLARIAN OF TALLAR
(Address)	re o
LaGrange, IL 60525	교육 <b>또</b> 연연 <b>3</b>
(City, State and Zip Code)	E FE GRIE
corporate@fornarolaw.∞	m シ ごに <b>)</b>
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	atter, please call:
Heather Cavanaugh	at ( 708 ) 639-4320 X205
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	□\$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# 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.

Statutes.	
1. The name of the "Other Business Max 57, Inc.	Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter	Name of Other Business Entity)
2. The "Other Business Entity" is a _	Corporation
(Enter entity type. Example:	corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporate	ed under the laws of Florida P 13000045851 (Enter state, or if a non-U.S. entity, the name of the country)
05/23/2013	
(date of organization, formation or incor	poration)
3. The name of the Florida Limited L Max 57 LLC	ciability Company as set forth in the attached Articles of Organization:
(Enter Name of	Florida Limited Liability Company)
the date this document is filed by tl	r to date of receipt or filed date nor more than 90 calendar days after ne Florida Department of State.) not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been ap	proved in accordance with all applicable statutes.
	Intity" has agreed to pay any members having appraisal rights the amount to der ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 14th day of November	20 <u><b>23</b></u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Joseph T. Snyder	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Joseph T. Snyder	Title: President
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Lizbility Company	ie.		
	on pany	ы.		
Max 57 LLC				
(Musi contain	the words "Limited Lie	bility Co <del>mpan</del> y,	"LLC," or "LL	<u>c</u> 1
ARTICLE II - Address:				
The mailing address and s	treet address of the	principal o	ffice of the Li	imited Liability Company is:
Principal Office Address	<u>:</u>	Mailin	g Address:	
19814 Maddelena Circle		19814	Maddelena Cir	rde
Ft. Myers, Ft. 33967		Ft. Mye	rs, FL 33967	
ARTICLE III - Registern (The Limited Limited Limited Limited Limited Limited Company or business entity with an active Flor The name and the Florida	minot serve as its own Re ids registration.) street address of th  Mike To	e registered artuglia	You must designs	Agent's Signature:  BE STATE OF THE STATE OF
	Na	me		PATE 3
<del></del>	21655 Helt	msdale Run		200
Florio	la street address (P	.O. Box <u>NO</u>	T acceptable)	)
	Estero	FI,	33928	
	City		Zip	<del>-</del>
Having been named as r	existered agent and	l to accent si	ervice of aroce	ess for the above stated limited

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager	Joseph T. Snyder
Manager	1021 75th Street
	Darien, IL 60561
	Danen, IC 00301
	<del></del>
Use attachment if necessary)	
•	
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•	
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Use attachment if necessary)  LE V: Other provisions, if any.	
•	
E V: Other provisions, if any.	
E V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant.	nce with section 605,0203 (1) (b). Florida Statutes, I am aware that
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third depice felonge
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a do	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third depres felong
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third depect felony  Joseph T. Snyder
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third depres felong