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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F.L.H.

J. SAULSBERRY  
EXAMINER  
JUL 12 2013

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Masters Estate Concierges, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Maynard D Masters**

Name of Person

**Masters Estate Concierges, LLC**

Firm/Company

**5510 Windover Way**

Address

**Davie, Florida 33331-3201**

City/State and Zip Code

**MaynardMasters@comcast.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Maynard D Masters**

Name of Person

at ( **954** ) **838-0604**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

## ARTICLES OF ORGANIZATION

### Article I— Name

The name of this organization shall be "Masters Estate Concierges LLC".

### Article II—Address

The principal office mailing address and physical address are one and the same and shall be located at 5510 Windover Way, Davie, Florida 33331-3201.

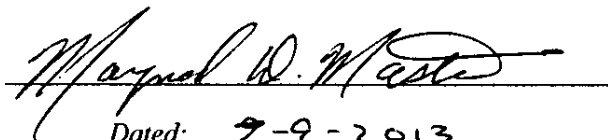
### Article III—Registered agent, Registered office and signature

Of the registered agent is: Maynard D. Masters

5510 Windover Way

Davie, Florida 33331-3201

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Dated: 7-9-2013

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2013 JUL 11 AM 9:30  
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TALLAHASSEE, FLORIDA

### Article IV—Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

**MGR**

Dorothy E. Masters

5510 Windover Way

Davie, FL 33331-3201

**MGR**

Maynard D Masters

5510 Windover Way

Davie, FL 33331-3201

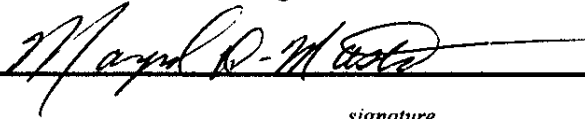
**Article V—Purpose**

The business and purpose of this LLC, although not limited to the same, is to facilitate and assist with estate liquidation and property sale preparation for the beneficiaries of the estate of a deceased or other debilitated individual as requested by the courts or estate representatives.

The LLC is to maintain and provide Liability insurance and participate and maintain membership as an associate member of the “American Society of Estate Liquidators”.

**Article VI—Effective date**

The effective date shall be the date of filing:



*signature*

(In accordance with section 6089.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Maynard D Masters**

*signee*

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2013 JUL 11 AM 9:30  
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TALLAHASSEE, FLORIDA