

L14 00 8893611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

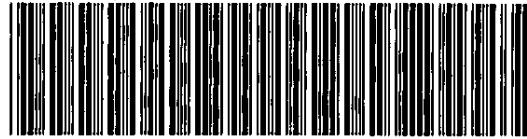
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/14--01044--005 **160.00

14 JUN -9 AM 11:42
TALLAHASSEE, FLORIDA

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

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 at (954) 838-0604
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ ~~\$125.00~~ Filing Fee

☒ ~~\$120.00~~ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MASTERS ESTATE CONCIERGES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5510 WINDOVER WAY
DAVIE, FL 33331-3201

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MAYNARD D MASTERS

Name

5510 WINDOVER WAY

Florida street address (P.O. Box **NOT** acceptable)


DAVIE

City

FL 33331-3201

Zip

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)

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TALLAHASSEE, FLORIDA
14 JUN -9 11:11:42

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DOROTHY E MASTERS

5510 WINDOVER WAY

DAVIE, FL 33331-3201

MGR

MAYNARD D MASTERS

5510 WINDOVER WAY

DAVIE, FL 33331-3201

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

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 dibilitated 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".

REQUIRED SIGNATURE:

Maynard D. Masters

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA


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:

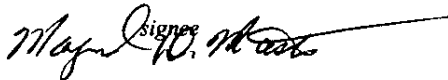


signature

(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA