P23000013766

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consider the Filling Officer				
Special Instructions to Filing Officer:				

Office Use Only



300401141983

02/05/23--01019--003 **79.75

February 2, 2023

To whom this may concern.

R. Led Masters

I, Robert Ted Masters am here in relinquishing my prior Business name of Estate Preservers LLC.

Sincerely,

R. Ted Masters

FILED FILED

8-6 NM St 06 23 FEB-6 AM St 0

WAS PARTIES SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Es	tate Preservers, Inc.	ATE NAME – MÜST INCL	UDE SUFFIX)	
	(TROTOSED CONTORA	MIL MAN	<u>502 5011114</u> ,	
Enclosed are an c	riginal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	R. Ted Masters	e (Printed or typed)		
	674 Manatee Bay Dr.		÷	
-	Address C.C.B.			
_	Boynton Beach, FL 33435			
	City, State & Zip			
-	561-988-6297 Cell:561-315-4 Daytime T	1671 Felephone number	AM 5: 06	
	Ted@EstatePreservers.com		ულ თ	

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

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

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

The name of the corporation shall be: Estate Preservers, Ir	ic.
Principal street address 4 manatee Bay Dr, Boynton Beach, FL 33435	Mailing address, if different is: Same
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any LE	EGAL occupation
ARTICLE IV SHARES The number of shares of stock is: 10,000	23 FE SECRE TALLAN
Name and Title: R.Ted Masters	Name and Title: Pres./ Treasurer ≥
	Address: 674 Manatee Bay Dr Boynton Beach, FL 33435
Name and Title: N. Marcela Masters	Name and Title: Vice Pres/ Secty
Address 674 Manatee Bay Dr	Address: 674 Manatee Bay Dr.
Boynton Beach, FL 33435	Boynton Beach, FL 33435
Name and Title:	Name and Title:
Address	Address:

Name :	and Title:	Name and Title:
Addre	·ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	R. Ted Masters	_
Address:	674 Manatee Bay Dr.	_
	Boynton Beach, FL 33435	_
A DOMEST POT TOTAL	ANCION DO DICTOR	
	INCORPORATOR	
Name:	address of the Incorporator is: R. Ted Masters	
Address:	674 Manatee Bay Dr.	_
Address.	Boynton Beach, FL 33435	_
	<u>Dojinon Bodon, i E oo ioo</u>	— Al
	I EFFECTIVE DATE:	(OPTIONAL)
(If an effective	if other than the date of filing: January 1, 2023 date is listed, the date must be specific and can	not be more than five days prior or 90 days after the
filing.)		mo a T
	ite inserted in this block does not meet the applicab seffective date on the Department of State's record	le statutory filing requirements, this date will nor be listed a
Hanima kaan a		for the above stated corporation at the place designated in the
	a familiar with and accept the appointment as regist	
<u>R.</u>	Ted Master Required Signature/Registered Agent	2/27
	ocument and affirm that the facts stated herein an e Department of State constitutes a third degree felo	ve true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.
R.	Teal Warton	2/2/23
Required Signa	nture/Incorporator	Date

To whom this may concern.

R. Jed Masters

I, Robert Ted Masters am here in relinquishing my prior Business name of Estate Preservers LLC.

Sincerely,

R. Ted Masters

23 FEB -6 AM 5: 07
SECRETARY OF STATE AHASSEE FEARING