

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Éntity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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Florida Department of State **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re: Foreign Corporation Registration

Dear Department of State:

Enclosed for processing are the following documents:

- 1. Cover Letter
- 2. Application by foreign corporation for authorization to transact business in Florida
- 3. Original Certificate of Status from the State of Wisconsin
- Check in the amount of \$70.00 4.

Please process the application and mail confirmation of filing to the address provided in the cover letter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Michel Sumpel

MICHELLE P. DUMOULIN MPD:tes Encl. cc: Amy Reese

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				COVER LETTE	R	
	TO:	Divisio	ration Section on of Corporations			:
	SUBJ	ECT:	Reese	Investment	Properties, Inc.	<u>, </u>
				Name of corporation - must	include suffix	

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence." or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Reese	<u></u>
Name of Person	17.0 28
Reese Investment Properties	Inc=
Firm/Company	ANA
1841 Warton Ave SE	SST 0
Palm Bay, Florida 32909	PH 4:
City/State and Zip code	IDA IDA
amy @ nevadainvestmentlan	d.com
E-mail address: (to be used for future annual report not)	fication)

For further information concerning this matter, please call:

Amy Reese 1,608, 718-8378 Davtime Telephone Number

STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

S70.00 Filing Fee

□ \$78.75 Filing Fee &

Certificate of Status

MAILING ADDRESS:

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

S78.75 Filing Fce & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

ÀPPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	ole in Florida, enter alter							-
Wisc	onsin		3	20-	8515	70]	3	_
	under the law of which	it is incorporat	ed)	(Fb	l number, if app	licable)		
Se	01 14, 20 of incorporation)	206	5		iration, if other 1	han nameti		
(Date	or incorporation)			(rate of at	fration, is other i	nan perpeu	uai }	
	(Date first	transacted bus	iness in Flori	da, if prior to r	egistration)	·		-
	(SEE SECTION	•		-	e penalty liabili	(y)	_	-
1841	Warton	Ave	SE	Palm	Bay	<u>, FL</u>	<u> </u>	-9
			Principal off	_	n	~		<u> </u>
1841	Warton					FL	32	10
		(Curren	t mailing add	ress, if differer	()	TAS S	201	
Nome and stree	<u>t address</u> of Florida re	oistered noen	r (P.O. Bo	x NOT accer	table)	ECA	1 - 1 -1 01 MUL 6102	
				<u></u>		HAN		
Name:	Amy K	eese				SE		11
)ffice Address:	1841 W	arton	AVe	ese		EE.FI	PH 4: 32	1 -
	Palm F	Zav		, Florida	3290	9 RAT	+. Ω	
		lity)			ip code)	• 0 4	\sim	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the oblightfons of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chaiman:	
Address:	
·	
Vice Chairman:	
Address:	
Director:	
Address:	
	- 75 - 22 A 5 - 29
Director:	F- II
Address:	
B. OFFICERS	4: 32 STATE
President: Jeffery Allen Reese	
Address: 1841 Warton Avenue SE	·····
Address: 1841 Warton Avenue SE	
Palm Bay, FL 32909	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addentum to the application listing additional offic	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	s that the facts stated herein partment of State constitutes
13Amy Ribordy Recse - vp (Typed or printed name and capacity of person signing application)	
• (Typed of printed name and capacity of person signing application)	



United States of America State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

REESE INVESTMENT PROPERTIES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 14, 2006.

1 further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

THE TARY OF STATE

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 06, 2019.

In 11

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/