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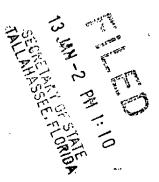
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2013

JOSEPH V. STELMACK JSS ENTERPRISES LLC 1565 CARRINGTON AVE. WINTER SPRINGS, FL 32708

SUBJECT: JSS ENTERPRISES LLC

Ref. Number: W13000000617



We have received your document for JSS ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is JSS ENTERPRISES, INC. -- Doc. Number P95000070884.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 313A00000221

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT

JSS Property Enterprises 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:

Joseph V Stelmack

Name of Person

JSS Property Enterprises LLC

Firm/Company

1565 Carrington Avenue

Address

Winter Springs, FL 32708

City/State and Zip Code

jstelmack2@cfl.rr.com

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

For further information concerning this matter, please call:

Joseph Stelmack

.,407

695-3993

Name of Person

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)

STATE OF THE STATE

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 Compa	any is:
JSS Property Enterprises LLC	
(Must end with the words "Limit	ed 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:
1565 Carrington Avenue	1565 Carrington Avenue
Winter Springs, FL 32708	Winter Springs, FL 32708
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Joseph V. Stelmack	
	Name
1565 Carrington Avenue	
Florida si	treet address (P.O. Box NOT acceptable)
Winter S	prings _{FL} 32708
	City, State, and Zip
Having heen named as registered agent i	and to accept service of process 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM" = Managing Member	"MGR" = Manager	Name and Address:
Use attachment if necessary) E V: Effective date, if other than the date of filing: 1/12/13 (OPTIC lective date is listed, the date must be specific and cannot be more than five bus or 90 days after the date of filing.) EEQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.	_	ber
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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)

Joseph Vincent Stelmack

Typed or printed name of signee