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2014 JAN 29 PM 3:45
SECRETARY OF STATE
ALBANY, NY 12244

FEB - 4 2014

T CLINE

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

RE: Jordan Reece Enterprises, Inc. – Document #P00000016770
Jordan Reece Enterprises, LLC – Document # NEW

To whom it may concern,

Enclosed are Articles of Organization for Jordan Reece Enterprises, LLC. Please proceed with the filing of said entity. I, Peter A. Reece, former office of Jordan Reece Enterprises, Inc., will not be revoking my dissolution. If you have any questions, please call Melisa Elliott with Wolfe Financial Group at 407-333-0355.

Thank You,



Peter A. Reece, President

1/23/14
Date

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2014 JUN 29 PM 3:45
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jordan Reece 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:

Melisa Elliott

Name of Person

Wolfe Financial Group

Firm/Company

1515 International Pkwy Ste. 1001

Address

Lake Mary, FL 32746

City/State and Zip Code

melisa@wolfefg.com

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

For further information concerning this matter, please call:

Melisa Elliott

Name of Person

at 407

Area Code

333-0355

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

2014 JUN 29 PM 3:47

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jordan Reese Enterprises, 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:

130 Mark David Blvd
Casselberry, FL 32707

130 Mark David Blvd
Casselberry, FL 32707

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:

Peter Reese

Name

130 Mark David Blvd

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

Casselberry

FL 32707

City

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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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

MGRM

Name and Address:

Peter A. Reece

130 Mark David Blvd

Casselberry, FL 32707

Valerie Jordan Reece

130 Mark David Blvd

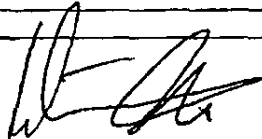
Casselberry, FL 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/01/2014 (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.

REQUIRED SIGNATURE:



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.)

Peter A. Reece

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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CLERK OF THE COURT
STATE OF FLORIDA