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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

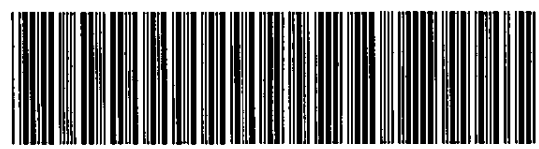
(Business Entity Name)

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12/15/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1913 Gulfview, 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:

Gary L. Davis, Esq.

Name of Person

Gary L. Davis, P.A.

Firm/Company

9020 Rancho Del Rio Drive, Suite 101

Address

New Port Richey, FL 34655

City/State and Zip Code

gary.davis@garyldavislaw.com

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

For further information concerning this matter, please call:

Gary L. Davis 727 376-3330

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)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
1913 GULFVIEW, LLC**

ARTICLE I – NAME

The name of the limited liability company is 1913 Gulfview, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
1144 Toscano Drive
Trinity, Florida 34655

Mailing Address:
1144 Toscano Drive
Trinity, Florida 34655

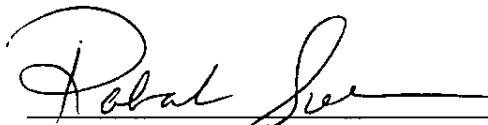
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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Rabab Soliman
1144 Toscano Drive
Trinity, Florida 34655

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.



Rabab Soliman

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

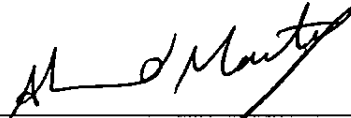
AMBR

Ahmed Mostafa
1144 Toscano Drive
Trinity, Florida 34655

AMBR

Rabab Soliman
1144 Toscano Drive
Trinity, Florida 34655

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Ahmed Mostafa

Typed or printed name of signee

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