

Nov. 9. 2018 3:34PM

L18000261201

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000323837 3)))



H180003238373ADC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : KOEPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561)659-6455
Fax Number : (561)659-7006

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2018 NOV -9 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
GOLFVIEW MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2018 NOV 9 11:16 AM

2018 NOV 9 11:16 AM

Electronic Filing Menu Corporate Filing Menu Help

N CULLIGAN

NOV 12 2018

Nov. 9. 2018 3:35PM
(((H18000323837 3)))

No. 0693 P. 2/3

FILED

2018 NOV -9 AM 9: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOLFVIEW MANAGEMENT, 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:

1515 N. FLAGLER DR. #220
WEST PALM BEACH, FL 33401

1515 N. FLAGLER DR. #220
WEST PALM BEACH, FL 33401

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.)

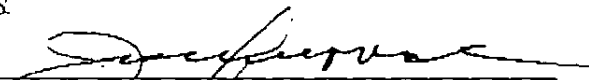
The name and the Florida street address of the registered agent are:

JOEL P. KOEPEL, ESQ.
Name

1515 N. FLAGLER DR. #220
Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH, FL 33401
City State 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)

Page 1 of 2

(((H18000323837 3)))

((H18000323837 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____ MGR _____

_____ OLIVER TIMSIT _____
_____ 645 W. 9th STREET 3437 _____
_____ LOS ANGELES, CA 90015 _____

2018 NOV - 9 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

_____ JOEL P. KOEPPEL _____
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)

((H18000323837 3)))