

TRANSMITTAL LETTER

P 99000032450

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

FILED  
APR -5 11:19  
TALLAHASSEE, FL 32304  
SECRETARY OF STATE

SUBJECT:

GULF VIEW ENT. INC.

(Proposed corporate name - must include suffix)

900002829058--2  
-04/05/99-01086--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CUS

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

RAYMOND KELLY

Name (Printed or typed)

13735 MELANIE AVE

Address

HUDSON FL 34667

City, State & Zip

727 8697879- 727 819 1754

Daytime Telephone number

F. CHESSE

APR 9 1999

NOTE: Please provide the original and one copy of the articles.

567920

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

GULF VIEW ENT. INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13735 MELANIE AVE  
HUDSON FL 34667

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RAY KELLY  
13735 MELANIE AVE HUDSON FL

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

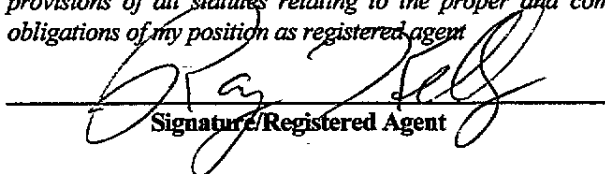
RAY KELLY 13735 MELANIE AVE  
HUDSON FL

  
Signature/Incorporator

MARCH 28 99  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

  
Signature/Registered Agent

MAR 28 99  
Date

FILED  
99 APR -5 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA