

LOG000070452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

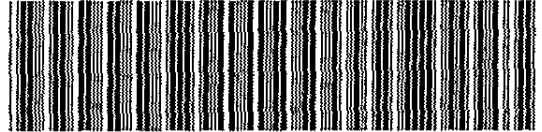
(Business Entity Name)

(Document Number)

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06 AUG 14 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B-15
m8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAHABA TWIN THEATRE OF ORLANDO, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES PARKE

(Name of Person)

(Firm/Company)

PO BOX 609057

(Address)

ORLANDO FL 32860

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES PARKE

(Name of Person)

at (407) 399-4286

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

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06 AUG 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
CAHABA TWIN THEATRE OF ORLANDO, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
THE NAME IS CURRENTLY INCORRECT. CHANGE FROM: CAHABA TWIN THEATRE OF ORLANDO, LLC

TO : PARKE PROPERTIES, LLC ALSO CHANGE THESE ADDRESSES TO:

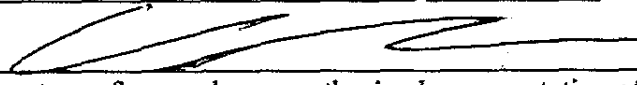
PRINCIPAL ADDRESS: PO BOX 609057 ORLANDO FL 32860, MAILING ADDRESS: PO BOX 609057 ORLANDO FL 32860,

Manager/Member Address: PARKE, CHARLES PO BOX 609057 ORLANDO FL 32860. CHANGE ONLY PO BOX NUMBER ON ALL THE ABOVE.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: AUGUST 10, 2006



Signature of a member or authorized representative of a member

CHARLES PARKE

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

06 AUG 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000076452
FILED 8:00 AM
August 02, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
CAHABA TWIN THEATRE OF ORLANDO, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
PO BOX 607784
ORLANDO, FL. 32860

The mailing address of the Limited Liability Company is:
PO BOX 607784
ORLANDO, FL. 32860

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CHARLES PARKE
4498 RE AL COURT
ORLANDO, FL. 32808

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.

Registered Agent Signature: CHARLES PARKE

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06 AUG 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
CHARLES PARKE
PO BOX 607784
ORLANDO, FL. 32860

Signature of member or an authorized representative of a member

Signature: CHARLES PARKE

L06000076452
FILED 8:00 AM
August 02, 2006
Sec. Of State
jbryan

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA