L1200034846

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	ısiness Entity Nam	ne)	
(Document Number)			
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

STARPIKE LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MEHMET O. ALABAZ

(Name of Person)

STARPIKE LLC

(Firm/Company)

1602 ALTON ROAD SUITE 566

(Address)

DULUTH MN 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

MEHMET O. ALABAZ

_305

615-0109

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	ility company is		
	STARPIKE LLC			
2.	The Articles of Organization	on were filed on MARCH 12, 2012 and a	ssigned	
	document number L120000	34846		
3.	Note: If the date inserted in	the dissolution if not effective on the date of filing: 01/02 e date cannot be prior to or more than 90 days later than date documen this block does not meet the applicable statutory filing requirement of the date on the Department of State's records.	t is received to	
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution (copy 605.0707 on back cover letter).		
	I AM THE ORIGINAL FOUN	DER AND ONLY MEMBER AND WISH TO DISSOLVE SO	THAT I CA	AN
	CENTRALIZE OWNERSHIP	AND OFFER SHARES FOR FINANCING AND CORPORA	TE STRUCT	URE.
5.	If there are no members, en	ter the name and address of the person appointed to wind	up the com	nany's
	activities and affairs:	ORGINAL AND ONLY MEMBER MEHMET O. ALABAZ	~	7.2
		1602 ALTON ROAD SUITE 566	on . Sign	19 p
		MIAMI BEACH, FLORIDA 33139	15.5 28.4 28.4	2:3
			***	7
6. list	Signature of an authorized peted above to wind up the con	person or if there are no members, the signature of the per npany's activities and affairs:	son appoint	ed and
		MEHMET O. ALABAZ		
	Signature	Printed Name		
		FILING FEE: \$25.00		

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: STARPIKE, LLC				
Document number of Limited Liability Company is: L12000034846				
Date of dissolution was: 01/02/2016				
Description of information that must be included in a written claim:				
THE DISSOLUTION OF STARPIKE WAS RESOLVED BY ME THE ONLY				
MEMBER OF THIS LLC SO THAT I CAN CENTRALIZE OWNERSHIP AND ISSUE SHARES FOR				
ADDITIONAL FINANCING WHICH I CANNOT DO WITH AN LLC.				
37				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)				
STARPIKE LLC				
C/O MEHMET O. ALABAZ				
SUITE 566				
1602 ALTON ROAD MIAMI BEACH FL 33139				

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MEHMET O. ALABAZ

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00