

L16000209466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

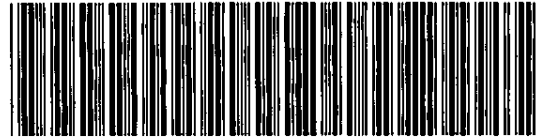
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2016 NOV 16 PM 2:15

W16-072721

11/17/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2016

CYNTHIA ELIOPOULOS  
5401 23RD AVE. SOUTH  
GULFPORT, FL 33707

SUBJECT: CKE PROPERTIES LLC  
Ref. Number: W16000072721

18 NOV 16 PM 1:05  
405-9-6052 SERVICES  
CKE PROPERTIES FL  
LLC

We have received your document for CKE PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is K39553 (CKE PROPERTIES, INC.).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 116A00022963

11/14/2016

Mr. Chang -

Please see amended name-attached  
(name change) documents - CKE Properties FL LLC  
Cynthia Eliopoulos  
330 805 5809

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CKE Properties 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:

Cynthia Eliopoulos

Name of Person

Firm/Company

5401 23rd Avenue S.

Address

Gulfport, Florida 33707

City/State and Zip Code

cke22@msn.com

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

For further information concerning this matter, please call:

Edward Eliopoulos

330

805-5808

at ( )

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amended  
11/14/16

— CKE Properties FL 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:

5401 23rd Avenue S.  
Gulfport, FL 33707

Mailing Address:

5401 23rd Avenue S.  
Gulfport, FL 33707

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:

Cynthia Eliopoulos

Name

5401 23rd Avenue S.

Florida street address (P.O. Box **NOT** acceptable)

Gulfport

FL

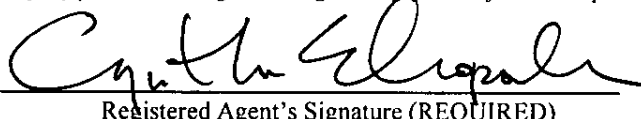
33707

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

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President

**Name and Address:**

Cynthia Eliopoulos

5401 23rd Avenue S.

(Use attachment if necessary)

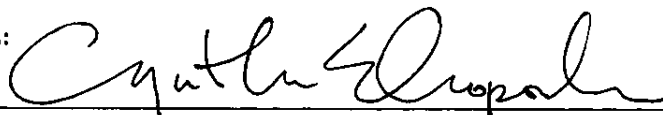
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Cynthia Eliopoulos

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)**

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DIVISION OF CORPORATE REGISTRATION  
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