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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0125-14  
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## COVER LETTER

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

**SUBJECT:** STARPIKE ENTERPRISE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** MEHMET O. ALABAZ  
Name (Printed or typed)  
  
1602 ALTON ROAD SUITE 566  
Address  
  
MIAMI BEACH FLORIDA 33139  
City, State & Zip  
  
305-615-0109  
Daytime Telephone number  
  
ARDTRADES@AOL.COM  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: STARPIKE ENTERPRISES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1602 ALTON ROAD

SUITE 566

MIAMI BEACH FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LEGAL BUSINESS AND ASSUME AND

ACCEPT AS HOLDING COMPANY ANY AND ALL INTEREST IN LIME TREE LOUNGE OR ANY OTHER

RESTAURANT OR HOLDING OF STARPIKE ENTERPRISES ONCE FORMED .

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MEHMET O. ALABAZ

Name and Title: DIRECTOR

Address 1602 ALTON ROAD

Address: \_\_\_\_\_

SUITE 566

MIAMI BEACH FLORIDA 33139

Name and Title: JOE ROSS (CFO OF COMPANY)

Name and Title: \_\_\_\_\_

Address 1602 ALTON ROAD

Address: \_\_\_\_\_

MIAMI BEACH FLORIDA 33139

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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16 JAN -7 PM 4:50  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOE ROSS (CFO OF COMPANY)

Address: 1602 ALTON ROAD

MIAMI BEACH FLORIDA 33139

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MEHMET O. ALABAZ

Address: 1602 ALTON ROAD SUITE 566

MIAMI BEACH, FLORIDA 33139

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DEPT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/02/2016, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/02/2016  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

01/04/2016  
\_\_\_\_\_  
Date