

LO8000017142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

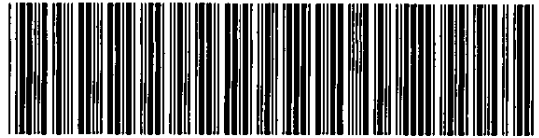
(Document Number)

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LO80000006958

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02/07/08--01020--012 \*\*160.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DBRUCe

2-7-08

EFFECTIVE DATE 2-05-08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW LOOK FASHIONS (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:

Abu baker Suliman mohamed  
(Name of Person)

NEW LOOK FASHIONS (LLC)  
(Firm/Company)

1728 N-main St  
(Address)

JACKSONVILLE - FL - 32206  
(City/State and Zip Code)

For further information concerning this matter, please call:

Abu baker S mohamed at (904) 353-39-44  
(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**  
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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2008

ABUBAKER S. MOHAMED  
1728 N. MAIN ST.  
JACKSONVILLE, FL 32206

SUBJECT: ABUBAKER SULIMAM MOHAMED  
Ref. Number: W08000006958

We have received your document for ABUBAKER SULIMAM MOHAMED and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 508A00008463

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW LOOK FASHIONS L.L.C

(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:

1728-N-main St  
Jax - FL - 32206

### Mailing Address:

1728-N-main St  
Jax - FL 32206

**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 other business entity with an active Florida registration.)

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

Kamil - S - Hassan

Name


1728-N-main St

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

Jax FL 32206

City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 020507 (CONTINUED)  
Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Abu baker S-mohamed  
1044 3760 University S-  
APT # 1044  
Jacksonville FL-32216


MGRM

Kamil S-Hassan  
1728 N-main St.  
Jacksonville FL-32206

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02-05-2008. (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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Abu baker S-mohamed

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**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)