

L10 0000023262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

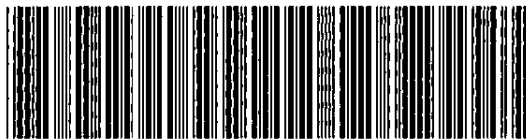
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR - 2 2010

EXAMINER



300167749343

03/02/10--01002--019 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 MAR - 1 PM 4:04

February 24, 2010

Florida Dept. of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Please find enclosed the "articles of organization" and a check in the amount of \$130.00.

My information follows:

Adam P. Shaffer
Fresh Look Promotions, LLC
11110 S. Atlantic Blvd. #805
Jacksonville, FL 32225

Telephone # 321-213-2523
Main # 904-200-8988

Thank you.

Adam P. Shaffer

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FreshLook Promotions 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:

Adam Shaffer

Name of Person

FreshLook Promotions LLC

Firm/Company

11110 Atlantic Blvd Unit 805

Address

Jacksonville, FL 32225

City/State and Zip Code

adamshaffer@freshlookpromotions.com

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

For further information concerning this matter, please call:

Bus: 904 - 200 - 8988

Adam Shaffer

at (321) 213-2523

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FreshLook Promotions, 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:

11110 Atlantic Blvd Unit 805
Jacksonville, FL 32225

Mailing Address:

PO Box 19441
Jacksonville, FL 32245

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:

Adam Shaffer

Name

11110 Atlantic Blvd Unit #805

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

Jacksonville FL 32225

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 MAR - 1 PM 4:06

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.

Adam Shaffer

Registered Agent's Signature (REQUIRED)

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:

manager MGR

Adam Shaffer

(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.)

REQUIRED SIGNATURE:

Adam Shaffer

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.)

Adam Shaffer

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)