

L16000072688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

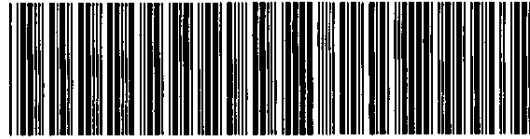
(Business Entity Name)

(Document Number)

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16 APR 11 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

At. Gulligan APR 15 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Look United 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:

KENT Gross:

Name of Person

6886 N Kendall Dr D308

~~Firm/Company~~

Address

Miami FL 33156

City/State and Zip Code

Kent.Gross@gmail.com

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

For further information concerning this matter, please call:

Kent Gross:

at

845

392-7744

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

THIS IS a REVISED COPY

☐

\$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)

YU STILL HAVE my check

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2016

KENT GROSSI  
6886 N KENDALL DRIVE D 308  
MIAMI, FL 33156

SUBJECT: LOOK, L.L.C.  
Ref. Number: W16000010963

RECEIVED  
16 APR 11 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LOOK, L.L.C. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 316A00003068

article of organization  
cr2e047

[www.sunbiz.org](http://www.sunbiz.org)

[form.sunbiz.org/cor-11c.htm](http://form.sunbiz.org/cor-11c.htm)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Look United 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:

Mailing Address:

← 6886 N KENDALL DRIVE  
D 308  
Miami FL 33156

**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:

ELIZABETH Strauss

Name

6886 N KENDALL DRIVE

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

Miami FL 33156

City

State

Zip

16 APR 11 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

Kent Grossi  
6886 N Kendall Dr  
D308  
Miami FL 33156

(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:**

Kent Grossi

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.

Kent Grossi

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)