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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

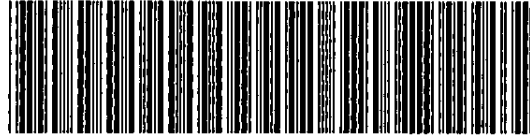
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **Look Image, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Doreen A. Lindgren**

Name (Printed or typed)

**1800 North Federal Highway**

Address

**Pompano Beach, FL 33062**

City, State & Zip

**954-234-1911**

Daytime Telephone number

**Lookacademy@gmail.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: Look Image, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1800 North Federal Highway  
Pompano Beach, FL 33062

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any all lawful business in which such entities  
may engage

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 common

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

Name and Title: Doreen A. Lindgren

Name and Title: President/Secr. Treas

Address 1800 North Federal Hwy  
Pompano Beach, FL 33062

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

(conti.)

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: Doreen A. Lindgren

Address: 1800 North Federal HWY

Pompano Beach, FL 33062

**ARTICLE VII INCORPORATOR**

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

Name: Doreen A. Lindgren

Address: 1800 North Federal HWY

Pompano Beach, FL 33062

*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*

Doreen Lindgren

Required Signature/Registered Agent

2-6-15

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.*

Doreen Lindgren

Required Signature/Incorporator

2-6-15

Date

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