

L03000040669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

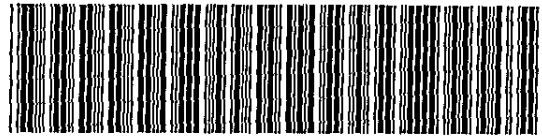
(Business Entity Name)

(Document Number)

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

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LLC

L03-40669

03 OCT 20 PM 12:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# Phantom Technologies, LLC.

12102 POPPY FIELD LANE, SUITE # 104  
ORLANDO, FL 32837

(407) 857-9955  
(407) 857-9002 FAX

Eric-Deon McCrary, Esq., CEO and Co-Owner  
Mayard Williams, COO and Co-Owner

October 13, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

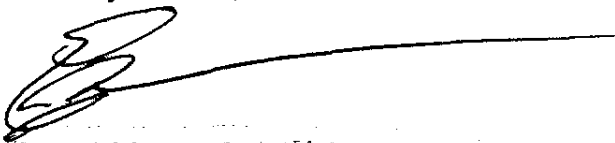
Dear Sir/Madame:

We have enclosed Articles of Organization and a check in the amount of \$125.00 to form our LLC.

If you have any questions, please feel free to contact me directly at (407) 857-9955, or at the address listed above.

Thank you for your cooperation.

Sincerely, I remain,



ERIC-DEON MCCRARY Sr.

EDM/sjt

03 OCT 20 PM 12:31  
STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PHANTOM TECHNOLOGIES, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

12102 POPPY FIELD LANE, SUITE 104  
ORLANDO, FL 32837

**Mailing Address:**

12102 POPPY FIELD LANE, SUITE 104  
ORLANDO, FL 32837

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ERIC-DEON MCCRARY, ESQ.

Name

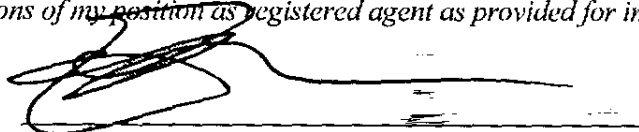
12102 POPPY FIELD LANE, SUITE 104

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

ORLANDO, FL 32837

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

(CONTINUED)

STATE  
DIVISION OF CORPORATIONS  
03 OCT 20 PM 12:31

**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:**

"MGRM"

ERIC-DEON MCCRARY, ESQ.  
12102 POPPY FIELD LANE, APT 104  
ORLANDO, FL 32837

"MGRM"

MAYARD WILLIAMS

ORLANDO, FL 32839

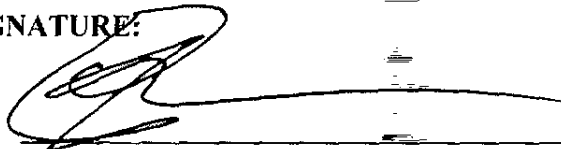
"MGRM"

MAYARD WILLIAMS

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

ERIC-DEON MCCRARY

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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STATE  
OF FLORIDA  
DEPARTMENT OF  
CORPORATIONS