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(Requestor's Name)
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D. BRUCE
AUG 0 3 2009
EXAMINER

COVER LETTER

TO:

TO:	Registration Division of C				
SUBJ	ECT:	Phantom S	Status Entertainment	t, LLC	
		Name of Limi	ited Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this ma	tter to the following:		
		Α	andrew Gaynair		
		· -	Name of Person		
		Phantom S	tatus Entertainment, LL	_C	
			Firm/Company		
		1969 South	n Alafaya Trail, Suite 13	38	
			Address	\vec{z}_{S}	
		Or	lando, FL 32828	ECR LA	
		C	ity/State and Zip Code	AS AS	•
			ne305@gmail.com	RY SEE	-
		E-mail address: (to be used	for future annual report notificati	ion)	r
For fu	rther information	concerning this matter, pleas	se call:	T: 4:3 STATE LORID)
	Andr	ew Gaynair	at (305)	721-7322	
	Name	e of Person	Area Code & Daytime	e Telephone Number	
Enclo	sed is a check t	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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Phantom Status Enter	tainment, LLC
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Phantom Status Entertainment, LLC 1969 South Alafaya Trail, Ste 138 Orlando, FL 32828	Phantom Status Entertainment, LLC 1969 South Alafaya Trail, Ste 138 Orlando, FL 32828 Office & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Andrew Ga	aynair
Name	7
1969 South Alafaya	
Florida street address (P.O. l	Box NOT acceptable)
Orlando, FL 32828	FL SÃ
City, State, an	d Zip
registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Mana "MGRM" = Ma	ger naging Member
MGRM	Andrew Gaynair
	1969 South Alafaya Trail, Ste 138
	Orlando, FL 32828
MGR	Anthony DiMauro
	1969 South Alafaya Trail, Ste 138
	Orlando, FL 32828
MGR	Ken Loricchio
	1969 South Alafaya Trail, Ste 138
	Orlando, FL 32828
(Use attachment	if necessary)
(Use attachment	if necessary)
	date, if other than the date of filing: (OPTIONAL
LE V: Effective fective date is li	date, if other than the date of filing: (OPTIONAL sted, the date must be specific and cannot be more than five business days
LE V: Effective fective date is li	date, if other than the date of filing: (OPTIONAL sted, the date must be specific and cannot be more than five business days
LE V: Effective	date, if other than the date of filing: (OPTIONAL sted, the date must be specific and cannot be more than five business days late of filing.)
LE V: Effective fective date is li days after the o	date, if other than the date of filing: (OPTIONAL sted, the date must be specific and cannot be more than five business days late of filing.)
LE V: Effective fective date is li days after the o	date, if other than the date of filing: (OPTIONAL sted, the date must be specific and cannot be more than five business days late of filing.) GNATURE:
LE V: Effective fective date is li days after the o	sted, the date must be specific and cannot be more than five business days late of filing.) GNATURE: 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.)
LE V: Effective fective date is li days after the o	date, if other than the date of filing: (OPTIONAL sted, the date must be specific and cannot be more than five business days late of filing.) GNATURE: 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
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E V: Effective ective date is list ays after the continued of Report 1985.	Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perthat the facts stated herein are true.) Andrew Gaynair Typed or printed name of signee