

**L1400011464**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000172754 3)))



H140001727543ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

Effective Date

*7/19/14*

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Phantom Paper, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**RECEIVED**

14 JUL 21 AM 6:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 JUL 21 AM 7:29

**FILED**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Phantom Paper, 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:

Jaime Bolano  
Name of Person

Firm/Company

17060 South West 49th St  
Address

Southwest Ranches, FL 33331  
City/State and Zip Code

jimebolano@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Bolano at ( 954 ) 816-4201  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Effective Date

7/19/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Phantom Paper, 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:

Mailing Address:

17060 South West 49th St  
Southwest Ranches, FL 33331

17060 South West 49th St  
Southwest Ranches, FL 33331

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:

C T Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324  
City 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 605, F.S..*

C T Corporation System

By: [Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
14 JUL 21 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jaime Bolano

17060 South West 49th St

Southwest Ranches, FL 33331

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/19/2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Jaime Bolano*

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

*Jaime Bolano*

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)

FILED  
14 JUL 21 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA