## P15000018848

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	<u> </u>			



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Office Use Only

W15-7321 (MD2/26

## **COVER LETTER**

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

SUBJECT: Phantom 007 Cycling Association, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO			
FROM:	JEFFrey S Name 2110 N. Ocean	ERSKY e (Printed or y/ped)  Address  Address	21B		
	Ft. Lauderslale City,	5tate & Zip 333	05		
	6/7-7/0 Daytime 1	- 0 453 Telephone number			
_	Tswersky of E-mail address: (to be use	Samet - CPA. C	notification)		

NOTE: Please provide the original and one copy of the articles.



February 2, 2015

JEFFREY SWERSKY 2110 N. OCEAN BLVD., APT.21B FT.LAUDERDALE, FL 33305

SUBJECT: PHANTOM 007 CYCLING ASSOCIATION, INC.

Ref. Number: W15000007321

We have received your document for PHANTOM 007 CYCLING ASSOCIATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Letter Number: 515A00002046

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRINCIPAL OFFICE Principal street address  [407 Sw 10 II Ave    Pompano Beach F   33069	RTICLE I NAM  ne name of the corporate	<u>IE</u> tion shall be: <i>Phantom C</i>	DOT Cyclin	ASSOCIATION Inc
POMPANO Beach, F/ 33069  RITICLE III PURPOSE The purpose for which the corporation is organized is:  Bright of brights use of any other lawful  purpose in the state of Florida  RITICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Name and Title:	RTICLE II PRI	NCIPAL OFFICE	,	
RTICLE IV SHARES  The number of shares of stock is:  Name and Title:				• • • • • • • • • • • • • • • • • • • •
RICLE II PURPOSE e purpose for which the corporation is organized is:    Bright of bright was + any other lawful   purpose in the state of Florida   RICLE IV SHARES				2
RTICLE IV SHARES e number of shares of stock is:  Name and Title:	· · · · · · · · · · ·	<u> </u>		
RTICLE IV SHARES e number of shares of stock is:	RTICLE III PUR	POSE he corporation is organized is:	Briveles ra	cia team, promote.
RTICLE IV SHARES The number of shares of stock is: /OO  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Jon Steinbucks Ples Name and Title: SEFFrey SWERSky, Tree Address 3266 W. Maya Palm DY Address: 2/10 N. Oven Blvd, April Boca Ratow, F/ 33432 Ft Laudotdala, F/ 3330.  Name and Title: Nam	- H- 1	and of brigile	use + and	other lawful
RTICLE IV SHARES The number of shares of stock is: /OO  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Jon Steinbucks Ples Name and Title: SEFFrey SWERSky, Tree Address 3266 W. Maya Palm DY Address: 2/10 N. Oven Blvd, April Boca Ratow, F/ 33432 Ft Laudotdala, F/ 3330.  Name and Title: Nam	purp	rose in the star	to of Flo	rida
Name and Title:			***	
Name and Title:				
Name and Title:				
Name and Title:				
Name and Title:       Name and Title:         Address       Address:         Name and Title:       Name and Title:	RTICLE V INT	Ton Steinbacher	CTORS  Pres Name and Title	TEFF pay SWERSKY. Treas
Name and Title:       Name and Title:         Address       Address:         Name and Title:       Name and Title:	Address	3266 W. Maya Pala	n De Address:	2110 N. Ocean Blod, Aptr
Address:  Address:  Name and Title:  Name and Title:		Boca Raton, F/ 334	132	Ft Landerdala, F/ 33305
Address:  Address:  Name and Title:  Name and Title:	Name and Title	:	Name and Title	×
Name and Title:Name and Title:				
Name and Title:Name and Title:				
		***		
Address:Address:	Name and Title	:	Name and Title	×
	Address		Address:	

Name and Title:	Name and Title:	
	Address:	15 FEB 25 P
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac  Name: Jon Steinbacker	ceptable) of the registered agent is:	H I: 29
Address: 2266 W. Mayo, Palm Baca Raton, F/ 3.	3 43 <u>)</u>	
ARTICLE VII INCORPORATOR	Ar	tile VIII Effective Date
The <u>name and address</u> of the Incorporator is:  Name: <u>Jom Steinback</u> Address: <u>2266 W. Maya Pak</u> Boca Ratin Fl	2/	tile VIII Effective Date The Effective date with be Interpret Jate Seg Earlies & Late
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint		
Required Signature/Registered  I submit this document and affirm that the facts stated document to the Department of State constitutes a third of	herein are true. I am aware that t	Date  he fulse information submitted in a
Required Signature/Incorpor		// S/15