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FLORIDA LIMITED LIABILITY CO. DOCTORFIX LLC

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ARTICLES OF ORGANIZATION

OF

DOCTORFIX LLC

A Florida Professional Limited Liability Company

ARTICLE I

NAME

The name of this Professional Limited Liability Company is DOCTORFIX LLC (the "Company").

ARTICLE II

ADDRESS

The mailing address of the professional Limited Liability Company is:

5010 32nd Ave SW - Naples, Fl 34116

Thistreet address of the principal office of the Professional Limited Liability Company is:

4912 Golden Gate Pkwy - Naples, Fl 34116

ARTICLE III

DURATION

The company's existence shall commence the acceptance of the Articles of Organization by the Secretary of State of Florida and shall cominue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLE IV

130X Y ORFIX LLC 7386 Bucks Ron Ut Naples, FE 54 (20 (239) 206-7624 4-0ct-2020

MANAGEMENT

The Professional Limited Liability Company is to be managed by its sole Member and the name and address of such Member who is to serve is:

Elizabeth Sanchez Agramonte 5010 32nd Ave SW Naples, Ft. 34116

The Professional Limited Liability Company is to be managed by its sole Member and the name and address of such Member who is to serve is:

ARTICLE V

ADMISSION OF NEW MEMBERS

The right, if given, of the remaining members to admit additional members and terms and conditions of the admissions shall be:

The manager may admit new members in its sole unfettered discretion subject only to the condition that such additional member must agree in writing to the bound as a member0 by Operating Agreement of the Company.

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EXACTORFIX L.E.C. 7886 Burks Ron Dr Naples, Et 34120 (239) 206-9624

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ARTICLE VI

MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the professional limited liability company to cominue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a members in the professional limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a members in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

ARTICLE VII

NATURE OF BUSINESS

The purpose for which the professional limited liability company is organized shall be to engage in Electronic and Phones Devices Repair and organization all branches within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER

DOCTORFIX LLC

HEZ AGRAMONTE

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STATE OF FLORIDA)

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COLLIER COUNTY >

The foregoing instrument was acknowledged before me this 1 day of October 2020, by ELIZABETH SANCHEZ AGRAMONTE, as Authorized Representative of DOCTORPIX LLC, who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on day and year first written above.

amay gran Expires

Notary Public State of Florida My Commission No. GG118134

My Commission Expires: June 30, 2021

ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507. Florida States, the undersigned Professional Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in State of Florida:

The name of the Professional Limited Liability Company is: DOCTORFIX ELC

The name and Florida street address of the Registered Agent are:

ELIZABETH SANCHEZ AGRAMONTE 5010 32nd Ave SW Naples, FL 34116

Having been named as Registered Agent and to accept of process for the above stated professional 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.

ELIZABETH SÄNCHEZ AGRAMONTE

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