

P15000016728

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

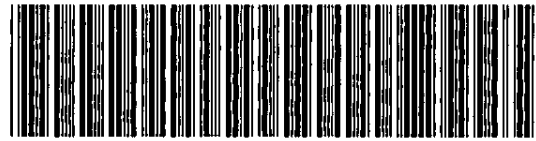
Special Instructions to Filing Officer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only



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01/20/15--01044--001 \*\*70.00

FILED  
15 FEB 18 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: Phone Fix Plus Inc.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: ✓

☒ \$70.00 ✓    ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

**FROM: Traver Boettcher**

Name (Printed or typed)

**4541 SW Laurel Oak Terrace**

Address

**Palm City, Florida 34990**

City, State & Zip

**772-370-3087**

Daytime Telephone number

**Trapper7768@yahoo.com**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2015

TRAVER BOETTCHER  
4541 SW LAUREL OAK TERRACE  
PALM CITY, FL 34990

SUBJECT: PHONE FIX PLUS, INC.  
Ref. Number: W15000004957

We have received your document for PHONE FIX PLUS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00001460

RECEIVED  
15 FEB 18 PM 3:42  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Phone Fix Plus Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4541 SW Laurel Oak Terrace

Palm City, Fla. 34990

Mailing address, if different is:

PO Box 2535

Palm City, Fla. 34991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Cellular phone repairs.

**ARTICLE IV SHARES** 100%  
The number of shares of stock is: \_\_\_\_\_

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15 FEB 18 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Traver Boettcher / Presdient

Address: 4541 SW Laurel Oak Terrace  
Palm City, Fla. 34990

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Traver Boettcher  
Address: 4541 SW Laurel Oak Terrace  
Palm City, Fl. 34990

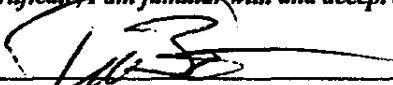
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Traver Boettcher  
Address: 4541 SW Laurel Oak Ter  
Palm City, Fl. 34990


FILED  
15 FEB 18 PM 1:28  
SECURITY & STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

2-12-15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
Required Signature/Incorporator

2-12-15  
Date