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(₭€	equestor's Name)	ı
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
	,	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
,		



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SECRETATION CLOSE

TAILMRY 27 ELECTRON

Office Use Only

n 11/26/14

COVER LETTER

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

SUBJECT:

	(Proposed Corpora	tion Name – <u>Must inc</u>	elude Suffix)
Enclosed is a	n original and one (1) copy of the	he Articles of Incorpo	ration and a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL C	OPY REQUIRED
FROM:		M. Disher	
	Name (Printed	• • /	
	4890 Ran Addres	dee Circle ss	
	Pensacola	, FL 32526	
	City, Sta		
,	850-529	·	·
	Daytime T	elephone Number	
,		ersity@gmail.com	
	e-mail address: (to be used for	future annual report n	otification)

Service Dog University, Inc.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

				2	
<u>ARTICLE I</u>	NAME				ij
The name of	the corporation shall be: Service	<u>æ Dog Universit</u>	<u>y, Inc.</u>	<u> </u>	
ARTICLE II	PRINCIPAL OFFIC	<u>CE</u>		37	
	Principal street address:		Mailing address, if	different is:	
	7531 Tonto Street				_
<u></u>	Pensacola, FL				-
	32526				_
ARTICLE III	PURPOSE				
	for which the corporation is organia	zed is: (1) To tra	in qualified dogs to	perform spe	ecific tasks
	the special needs community a				
	nobility and/or their quality of life				
	y equipment required for their in				
	s owners on the requirements of	_			
State Law as	s they pertain to service dogs; (4) To provide qu	alified clients of Se	ervice Dog U	Iniversity,
	nc.) with one-on-one training on				
	educate SDU, Inc. clients conce				
their partner					
	MANNER OF ELECTIONS				
	pard of Directors is to be elected				
<u>meeting. Vai Chairman.</u>	cancies on the Board of Directo	rs shall be filled	by the Board, with	recommend	lation of the
ARTICLE V	INITIAL OFFICERS AND	OR DIRECTOR	<u>es</u>		
Name and Tit	tle: <u>David M. Disher, Chairman</u>	Name and Ti	tle: <u>Mary Owens, Vi</u>	e-Chairman	
Address:	4890 Randee Circle	Address:	7531 Tonto Str	eet	
	Pensacola FL 32526		Pensacola Fi	32526	

Address:

Name and Title: Karen Hewitt, Treasurer

7580 Mobile Hwy.

Pensacola, FL 32526

Name and Title: Sarah Leak, Secretary

559 Evening Falls Drive

Pensacola, Fl 32534

Address:

				-
Name and	Title: Nora Wilcox, Member	Name and Title: _		
Address:	11010 Bridge Creek Drive	Address: _		
	Pensacola, Fl 32506	***	···	
ARTICLE The name a	VI Registered Agent and Florida street address (P.O. Bo	x NOT acceptable) o	the registered agent is:	
Name:	David M. Disher			
Address:	4890 Randee Circle			
	Pensacola, FL 32526			
ARTICLE The name a	VII INCORPORATOR and address of the incorporator is:		FILL REALIZATION 2	
Name:	David M. Disher			
Address:	4890 Randee Circle		골품 🔊	
	Pensacola, FL 32526		37	
at the place	n named as registered agent to according to the second sec		•	tion -
	Required Signature of Registered A	gent	Date	
information	s document and affirm that the fact a submitted in a document to the Do or in s.817.155, F.S.			18
	Required Signature of Incorporator		Date	