

17222222 11966

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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17222222 11966

T. SCOTT

OCT 20 2022



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2022 OCT 13 AM 10:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2022

ERIC K. KOLBOW
150 OTERO POINT
ST. AUGUSTINE, FL 32095

SUBJECT: PAW SERVICE DOGS, INC.
Ref. Number: W22000098599

We have received your document for PAW SERVICE DOGS, INC. and your check(s) totaling \$87.50. 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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

L21000079154-PAW SERVICES DOGS LLC,

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 622A00016897

COVER LETTER

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

P.A.W. Service Dogs, Inc.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and 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

ADDITIONAL COPY REQUIRED

Erik David Kolbow

FROM: _____
Name (Printed or typed)

150 Otero Point

Address

St. Augustine, FL 32095

City, State & Zip

(904) 947-6323

Daytime Telephone number

erik@pawservicedogs.com

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

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

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
P.A.W. Service Dogs, LLC

Enter Name of the Converting Entity
Limited Liability Company

2. The converting entity is a _____
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)
Florida

first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)
February 16, 2021

on _____
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
P.A.W. Service Dogs, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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2022 OCT 13 AM 10:20
CORPORATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6th


August

22

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:


Signature of Director, Officer, or if Directors or Officers have not been selected, an Incorporator:



Erik Kolbow President

Printed Name: _____ Title: _____

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Erik D Kolbow President

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

P.A.W. Service Dogs, Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
150 Otero Point

Mailing address, if different is:

St. Augustine, FL

32095

ARTICLE III PURPOSE

Procure, raise, and train service dogs for individuals suffering from a

The purpose for which the corporation is organized is: _____
disability which impacts their quality of life. Utilizing positive reinforcement training, our expertly trained service dogs will be

paired primarily with children suffering from autism. Additionally, service dogs will be trained for individuals of all ages suffering

from psychological and mobility disabilities. It is organized exclusively for charitable, religious, educational, and scientific

purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under

section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Stated in the bylaws

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erik D. Kulbow, D and P
150 Otero Point

Name and Title: _____

Address: St. Augustine, FL 32095

Address: _____

Name and Title: Elizabeth A. Larey, Director
139 S. End Street

Name and Title: _____

Address: St. Augustine, FL 32095

Address: _____

Name and Title: Steven L. Zakrocki, Director
1510 N. Ponce de Leon

Name and Title: _____

Address: Suite B

Address: _____

St. Augustine, FL 32084

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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:

Steven L. Zakrocki

Name: _____

1510 N. Ponce de Leon Suite B

Address: _____

St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Erik D. Kolbow

Name: _____

150 Otero Point

Address: _____

St. Augustine, FL 32095

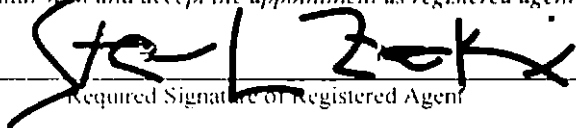
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

April 15, 2022

Date

I submit this document and affirm 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.



Required Signature of Incorporator

April 15, 2022

Date

VALIDATION COVER SHEET

DATE:

10/21/22

PLEASE VALIDATE:

CREATE NEW SCAN SHEET:

NEED TRACKING NUMBER:

RETURN TO:

Tyrene Scott

SPECIAL NOTES:

04/25/22 01041 014^{\$}60

300386457993

7072000082138