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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	 	



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SECRETURE NEEDS NOT SELECTED IN 13 HAS 13 PH 3: 45

Office Use Only

COVER LETTER

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

SUBJECT: K	-9 Services	, Inc-		
•	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	Started Brown Brown	English to Section	the state of the state of	
FROM:	Robert A	Perez		
Name (Printed or typed)				
# WANDO FY MOHIGAN CIT.				
2 0 1 DI 77:152				
	buch hoter,	. 1 · 55°	40 T	
361. Gag. 997f				
Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	DIVISION TORK
ARTICLE I NAME	UIVISINF 第四十三十三十二
The name of the corporation shall be:	OR MAD TONS
	06 MAR 13 PM 3: 45
K-9 Services, Inc.	0.40
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
The principal place of business/mailing address is: EH MOHIGAN CIR. BOCH RATON, F.	33487
ARTICLE III PURPOSE	
TTT	
Professional Corporation	
ARTICLE IV SHARES The number of shares of stock is: 100	
The number of shales of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	•
Robert A Perez. Preside	e-+
Robert SI FEREE. Preside	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered ag	gent is:
Valent A Veres	<u>L</u>
ARTICLE VII INCORPORATOR Reton, Fla. 3	IR.
boch Radon Cla	71157
ARTICLE VII INCORPORATOR	3907
The name and address of the Incorporator is:	
Robert A Peret EY MCHIGAN CM.	Par Patra
FY mouse h. CM	BUCG RETURN,
or montono cir.	Buca Reton, Ele. 33487
******************	******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this ca	at the place designated in this wacity
	1 .
1/1/2 3/7	106
Signature Registered Agent	Date
11.4/2 - 3/2	7/06
Signature/incorporator	Date