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(Requestor's N	ame)			
(Address)				
(Address)				
(City/State/Zip/	Phone #)			
PICK-UP WA	IT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certi	ficates of Status			
Special Instructions to Filing Officer:				

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20 JUL -7 PM 6: 31 SECRETARY OF STATE TALLAHASSEE, FLORID

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2020

ANDREW ROHNE 4501 W DEYOUNG ST STE 200 MARION, IL 62959

SUBJECT: K9 PARTNERS, INC Ref. Number: W20000050846 please see attached with Corrections. Thank you.

We have received your document for K9 PARTNERS, 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):

Please complete the marked sections in the Articles of Conversion.

Please return 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 eal (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 620A00010377

2020 JUL - 7 PH 4: 30

COVER LETTER

TO: **New Filing Section** Division of Corporations

K9 PARTNERS, INC.

Name of Resulting Florida Profit Corporation

- The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.
- Please return all correspondence concerning this matter to:

ANDREW ROHNE

Contact Person

THE CENTER FOR FINANCIAL LEGAL AND TAX PLANNING

Firm/Company

4501 W DEYOUNG ST STE 200

Address

MARION IL 62959

City, State and Zip Code

ANDREW@TAXPLANNING.COM

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

For further information concerning this matter, please call:

ANDREW ROHNE

Name of Contact Person

and Certificate of Status

and Certified Copy

Certified Copy, and Certificate of Status

Enclosed is a check for the following amount: Specifical Companies of Continued Contin

Mailing Address:

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

Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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:

K9 PARTNERS, LLC
Enter Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
_{on} 04/08/2019
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : K9 PARTNERS, 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 Florid 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.

20 JUL -7 PH 6: 37
SECRETARY OF STATE
FALL MIASSEE FLORIDA

Signed this 2ND	day of JUNE	20	
Required Signature for	Florida Profit Corporation	<u>.</u>	
		ers have not been selected, an Inco	orporator:
Lin 13.17	gone	X	
Printed Name: Lvis B	Merquez X Title: Dia	rector	X
Required Signature(s) of	Pooches, Inc. on behalf of Converting Flor for required signature(s).]	ida partnerships, limited partne	erships, and limited liability
Signature:	B. Marz		
Printed Name: CANINE	S AND POOCHES, INC.	Title: MEMBER	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida General Part Signature of one General	nership or Limited Liability Partner.	Partnership:	
If Florida Limited Part Signatures of ALL Gene	nership or Limited Liability ral Partners.	Limited Partnership:	
If Florida Limited Liab Signature of a Member o	ility Company: r Authorized Representative.		
All others: Signature of an authorize	d person.		20 . SECO FALL

\$35.00

\$70.00

\$8.75 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Contificate of C

Fees for Florida Articles of Incorporation:

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ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: K9 PARTNERS, INC ARTICLE I NAME ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 8181 NW 154TH ST **STE 270** MIAMI LAKES FL 33016 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES The number of shares of stock is: 100 COMMON STOCK PAR VALUE (\$1) <u>ARTICLE IV SHARES</u> ARTICLE V OFFICERS AND/OR DIRECTORS CANINES AND POOCHES, INC-DIRECTOR CANINE SHADOWS, INC.-DIRECTOR Name and Title: Name and Title: 8181 NW 154TH ST STE 270 8181 NW 154TH ST STE 270 Address: Address: MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 Name and Title: DYNAMIC PUPPY, INC. Name and Title: 8181 NW 154TH STE 270 Address: Address: MIAMI LAKES FL 33016 Name and Title: Name and Title: Address: Address:

ARTICLI The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT	Cacceptable) of the registered agent is:
Name:	DR. BART A. BASI	,,
Address:	603 LONGBOAT CLUB RD. UNIT 101	
	LONGBOAT KEY, FL 34228	
		
****** Having bei this certific	*********************************** en named as registered agent to accept serv cate, I am familiar with and accept the appo	******** ice of process for the above stated corporation at the place designated in integrated in this capacity.
Bart	A. Basi	06/02/2020
	Required Signature/Registered Agent	Date