

P23000021319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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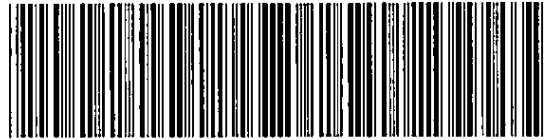
(Business Entity Name)

(Document Number)

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

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S. CHATHAM  
MAR 22 2023

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2023 MAR 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FL

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ATTORNEY GENERAL  
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 03/21/2023

Name: Ken Howell

Reference #: 1939578

Entity Name: WOLVES PAW HOLDING COMPANY

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$70.00

Signature: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Wolves Paws Holding Company

(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:** Sonia K. Lowe, Paralegal

Name (Printed or typed)

200 Civic Center Drive, Suite 1200

Address

Columbus, Ohio 43215

City, State & Zip

(614) 598-3033

Daytime Telephone number

devans@bakerlaw.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 INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: Wolves Paws Holding Company

### ARTICLE II PRINCIPAL OFFICE

Principal street address

8297 Championsgate Blvd.

#399

Championsgate, Florida 33896

Mailing address, if different is:

51 Woodland Park Rd.

Scarborough, Ontario

M1N 2-X5 Canada

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized to transact any or all lawful business

for which corporations may be incorporated under the Florida Business Corporation Act as it now exists or may hereafter

be amended or supplemented. In furtherance of its corporate purposes, the Corporation shall have all of the general and

specific powers and rights granted to and conferred on a corporation by the Florida Business Corporation Act.

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristofer Potts

Name and Title: President and Director

Address: 51 Woodland Park Rd.

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

Scarborough, Ontario

M1N 2-X5 Canada

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: WHLWRK.CO LLC

Address: 134 Spring Valley Loop  
Altamonte Springs, Florida 32714

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Kristofer Potts

Address: 51 Woodland Park Rd.  
Scarborough, Ontario M1N 2-X5 Canada

**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***

WHLWRK.CO LLC

By: /s/ Jonathan Van Den Broek Hodges

Required Signature/Registered Agent

03/21/2023

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.***

/s/ Kristofer Potts

Required Signature/Incorporator

03/21/2023

Date

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TALLAHASSEE, FL