

17.20  
P09000052918  
18

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000145147 3)))



H090001451473ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

RECEIVED  
DEPARTMENT OF STATE  
09 JUN 17 PM 1:55

FLORIDA PROFIT/NON PROFIT CORPORATION

CANDICE KEENE LIFESTYLES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED  
2009 JUN 17 A 7:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

60-81-9

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

*Candice Keene Lifestyles, Inc.***ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

*1007 Grove Street, Maitland, Florida 32751***ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

*For any lawful purposes***ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

*100 Shares***ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

*Candice Keene, 1007 Grove Street, Maitland, Florida  
(President + Secretary) 32751***ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

*Candice Keene, 1007 Grove Street, Maitland, Florida  
32751***ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

*Candice Keene, 1007 Grove Street, Maitland, Florida  
32751*

\*\*\*\*\*  
HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

*Candice Keene*  
\_\_\_\_\_  
Signature/Registered Agent*6-10-09*  
\_\_\_\_\_  
Date*Candice Keene*  
\_\_\_\_\_  
Signature/Incorporator*6-10-09*  
\_\_\_\_\_  
Date2009 JUN 17 A 7:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED