

Division of Corporations  
**P180000077041**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
 Page 1 of 2

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**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 : TRIAD PROFESSIONAL SERVICES  
 Account Number : 120160000008  
 Phone : (850) 777-2091  
 Fax Number : (770) 220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 CANDOR CONSULTANTS CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2018 SEP 12 AM 9:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**FILED**

**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: Candor Consultants Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

350 E. Las Olas Blvd., Suite 1750

Ft. Lauderdale, FL 33301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any lawful activity for which corporations may be incorporated in this state.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Shares

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

Name and Title: Rosalie Cosio, Officer and Director

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

Address: c/o J. Mayersohn, Dickinson Wright PLLC

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

350 E. Las Olas Blvd., Suite 1750

Ft. Lauderdale, FL 33301

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

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

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

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

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

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

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

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

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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: NRAI Services, Inc.  
 Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosalie Cosio c/o Dickinson Wright (Mayerson)  
 Address: 350 E. Las Olas Blvd., Suite 1750  
Ft. Lauderdale, FL 33301

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 11, 2018 (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 as 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/Registered Agent

9/12/18  
 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.*

  
 Required Signature/Incorporator

9/11/18  
 Date

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