

P240000066144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

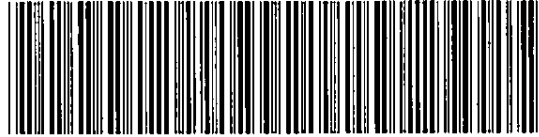
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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2024 OCT 25 PM 3:47

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MS

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Noreau  
850.656.7953

**REQUEST DATE** 10/25/2024 **PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1305530

**ORDER ENTITY**  
CANDACE HOLDINGS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
CANDACE HOLDINGS, INC. (FL)

New corp filing

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: Candace Holdings, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3014 Fairway Lane  
Orlando, Florida 32804

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful act or activity for which a corporation may be incorporated under the Florida Business Corporation Act as it now exists or may hereafter be amended.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Owen DeTardo, Director, Pres/Sec. Treasurer

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

Address: 3014 Fairway Lane  
Orlando, FL 32804

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

Name and Title: Alexandra DeTardo, Director

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

Address: 2606 Parkland Dr.  
Winter Park, FL 32789

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

Name and Title: Maxwell DeTardo, Director

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

Address: 2606 Parkland Dr.  
Winter Park, FL 32789

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

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: Owen DeTardo

Address: 3014 Fairway Lane

Orlando, FL 32804

**ARTICLE VII INCORPORATOR**

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

Name: Owen DeTardo

Address: 3014 Fairway Lane

Orlando, FL 32804

**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*

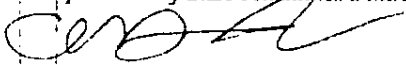


Required Signature/Registered Agent

10-25-2024

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

10-25-2024

Date