

P13000058332

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 11 2013

PCB

COVER LETTER

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

SUBJECT: CHRISOLI NATURAL INC
(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: CHRISOLI NATURAL INC
Name (Printed or typed)

210 SOUTH DIXIE HWY 4
Address

LAKE WORTH, FL 33460
City, State & Zip

(877) 999-5807
Daytime Telephone number

ALFAGROUPCOMPANY@AOL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CHRISOLI NATURAL INC
220 SOUTH DIXIE HWY #1
LAKE WORTH, FL 33460

Department of State
New Filing Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To whom may it concern:

After the conversation by phone with one of the representative, we are sending this letter concerning that we were using the corporation above with the Document Number P10000037666, with is out of the business. In addition, for her advice, we are requesting to please open a new document number with the same name of CHISOLI NATURAL INC., basic that we need it to start the business again.

Thank you for the attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernave E. Rodas", with a large, stylized flourish at the end.

BERNAVE E. RODAS
DIRECTOR

A handwritten signature in black ink, appearing to read "Hermalinda Sales Geronimo", with a stylized flourish at the end.

HERMALINDA SALES GERONIMO
DIRECTOR

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: CHRISOLI NATURAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

210 SOUTH DIXIE HWY 4

PO BOX 742002

LAKE WORTH, FL 33460

BOYNTON BEACH, FL 33474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFULL BUSINESS

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TALLAHASSEE, FL 32399

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BERNAVE E. RODAS (DIR)

Name and Title: HERMALINDA SALES GERONIMO(DIR)

Address 210 SOUTH DIXIE HWY 4
LAKE WORTH, FL 33460

Address: 210 SOUTH DIXIE HWY 4
LAKE WORTH, FL 33460

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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: BERNAVE E. RODAS

Address: 210 SOUTH DIXIE HWY 4

LAKE WORTH, FL 33460

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

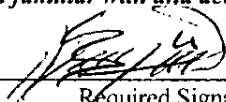
The **name and address** of the Incorporator is:

Name: AG SERVICES

Address: PO BOX 742002

BOYNTON BEACH, FL 33474

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

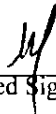


Required Signature/Registered Agent

06/24/2013

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

06/24/2013

Date