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(Requestor's Name)				
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status		of Status		
Special Instructions to	Filing Officer:			
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Office Use Only

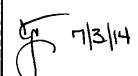
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14 JUL -1 PH 3 22
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: CHAD ALL NATURAL PRODUCT, 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:	ANSEL U OWEN		
	Name (Printed or typed)		
	195 NE 121 TERRACE		
	Address		
	MIAMI, FLORIDA 33161		
	City, State & Zip	14	•
	954-383-6260 \(\beta\)		.ب
•	Daytime Telephone number	1	
	CHADALLNATURAL@GMAIL.COM	P	m
	E-mail address: (to be used for future annual report notification)	ψ	
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	N	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2014

ANSEL U OWEN 195 NE 121 TERRACE MIAMI, FL 33161

SUBJECT: CHAD ALL NATURAL PRODUCT, INC.

Ref. Number: W14000038001

RECHANGE TO SECONDA

We have received your document for CHAD ALL NATURAL PRODUCT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 714A00013229

14 JUL -1 PH 3-22
SECRETARY OF STATE
TAIL AHARGEE EL CHEA

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

22

The name of the corp		RAL PRODUCT, INC. FILE	U
195 NE 121	PRINCIPAL OFFICE Principal street address TERRACE	Mailing address, if different is: P SECRETARY OF TALLAHASSEE, F	
MIAMI -		TALLAHASSEE, F	LORIC
FLORIDA:3	3161		•
ARTICLE III P The purpose for whi	Ch the corporation is organized is:	r entity authorized to receive service of process	5. -
			-
			_
			
The number of share	SHARES S of stock is: 100000000 AUSEL OWEN PRESIDENT		_
The number of share ARTICLE V Name and 1	INITIAL OFFICERS AND/OR DIRECTOR Title: ANSEL OWEN. PRESIDENT		
The number of share	ANSEL OWEN. PRESIDENT		-
The number of share ARTICLE V Name and 1	INITIAL OFFICERS AND/OR DIRECTOR Title: ANSEL OWEN. PRESIDENT	Name and Title:	-
ARTICLE V Name and 1 Address	ANSEL OMEN. PRESIDENT 195 NE 121 TERRACE MIAMI FLORIDA,33161	Name and Title:Address:	-
Name and Tolerand Tol	ANSEL OMEN. PRESIDENT 195 NE 121 TERRACE MIAMI FLORIDA,33161	Name and Title:	-
Name and T	ANSEL OWEN. PRESIDENT 195 NE 121 TERRACE MIAMI FLORIDA,33161 ansel OWEN. VP.	Name and Title:Address:	-
ARTICLE V Name and T Address Name and T	ANSEL OWEN. PRESIDENT 195 NE 121 TERRACE MIAMI FLORIDA,33161 ANSEL OWEN. VP. 195 NE 121 TERRACE	Name and Title:	
Name and Talendarian Address Name and Talendarian Address	ANSEL OWEN. PRESIDENT 195 NE 121 TERRACE MIAMI FLORIDA,33161 195 NE 121 TERRACE MIAMI FLORIDA.33161 FLORIDA.33161	Name and Title: Address: Name and Title: Address:	
Name and Talendarian Address Name and Talendarian Address	ANSEL OWEN. PRESIDENT 195 NE 121 TERRACE MIAMI FLORIDA,33161 195 NE 121 TERRACE MIAMI FLORIDA.33161 FLORIDA.33161	Name and Title: Address: Name and Title: Address:	

	nd Title: Name and	FRIC:
Address	Address:	

ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) of the registere	d agent is:
Name:	ANSEL OWEN	
Address:	191 NE 121 TERRACE	
	MIAMI,FLORIDA.33161	
ARTICLE VII	INCORPORATOR	
The name and ac	idress of the Incorporator is:	
Name:	ANSEL OWEN	
Address:	195 NE 121 TERRACE	
	MIAMIA,FLORIDA.33161	
	ned as registered agent to accept service of process for the above am familiar with and accept the appointment as registered agent	
	am familiar with and accept the appointment as registered agent	and agree to act in this capacity
this certificate, I do		and agree to act in this capacity 07/07/2014 Date vare that the false information submitted in a
this certificate, I do	Required Signature/Registered Agent ument and affirm that the facts stated herein are true. I am an	and agree to act in this capacity 07/07/2014 Date vare that the false information submitted in a

FILED

14 JUL -1 PH 3 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA