

Florida Department of State
Division of Corporations
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.

(((H15000181686 3)))



H150001816863ABC3

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
CHIEF OF THE LEAF INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
15 JUL 27 PM 3:52
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

JUL 28 2015

S. GILBERT

ARTICLES OF INCORPORATION**H15000181686**

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

ARTICLE I NAME: The name of the corporation is:Chief of the Leaf INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11335 SW 74 LaneMiami, FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PRISCILLA MARIE DELREY (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

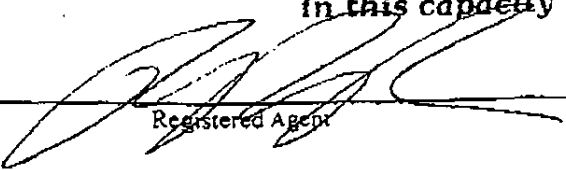
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Priscilla Marie Delrey11335 SW 74 LaneMiami, FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Priscilla Marie Delrey11335 SW 74 LaneMiami**H15000181686**

H15000181686

Required Signatures:

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

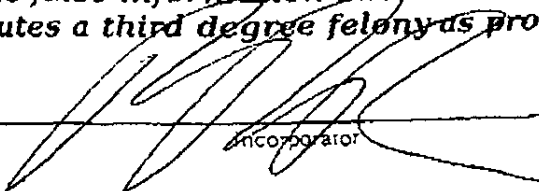


Registered Agent

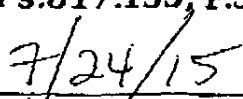


Date

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.



Incorporator



Date

H15000181686