

1.) CORPORATION NAME: Chosen One Therapies Inc.	DUE DATE: 10/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRIEANA ALEXIS PAYNE WERLITZ 10851 TIDEWATER TRAIL #103 FREDERICKSBURG, VA	SCC ID NO: 07840424				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SPOTSYLVANIA COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25
CLASS	AUTHORIZED				
COMMON	25				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 17775 MAIN STREET STE 104 CITY/ST/ZIP: DUMFRIES, VA 22026	
--	--

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KYLLE XAVIER PAYNE WERLITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 10105 S. FULTON DRIVE		
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408		

NAME: BRIEANA ALEXIS PAYNE WERLITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 10851 TIDEWATER TRAIL #103		
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KYLLE XAVIER PAYNE WERLITZ	KYLLE XAVIER PAYNE WERLITZ, DIRECTOR	12/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.