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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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## FOREIGN PROFIT/NONPROFIT CORPORATION YIELD DAY, INC.

| Certificate of Status | 0       |
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## \*APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Yield Day, Inc.  1. (Enter name of $\infty$ | orporation; must include "INCORPORATED," "C                                  | OMPANY," "CORPORATION,"  | ·                  |                                 |
|---|--|--|--------------------|---------------------------------|
|   | orp," "Inc," "Co," or "Corp.")   |  |                    |                                 |
|   |  |  |                    |                                 |
| (If name unavails                           | ible in Florida, enter alternate corporate name adop                         | oted for the purpose of transacting bu                                 | siness in Florida) | -                               |
| Delaware                                    |  |  | _ ~                |                                 |
| 2. (State or country                        | y under the law of which it is incorporated)                                 | (FEI number, if applies  | ibing              | est pt.                         |
| 3/26/2021<br>4.                             | 5  |  | APR                | MENTALS<br>PERSONAL<br>PERSONAL |
| (Date                                       | of incorporation) 5  | (Date of duration, if other thur                                       | Decidental) V      | F-17                            |
| 6.  |  |  | SSO 3              |                                 |
|   | (Date first transacted business in Fig<br>(SEE SECTIONS 607.1501 & 607.1502, | orida, if prior to registration)  F.S. to determine penalty liability) | OF STATE           |                                 |
| _ 4300 US Hwy 1,                            | Suite 203-163, Jupiter, FL 33477   | , i.o., to determine periody through                                   | FA 20              | )<br>)                          |
| <i>(</i>                                    | (Principal c   | offico address)  |                    |                                 |
|   |  |  |                    |                                 |
|   | (Current mailing a   | ddress, if different)  |                    |                                 |
| 0.31  |  | N. NOT   | SE!                |                                 |
| 8. Name and stree                           | et address of Florida registered agent: (P.O. E<br>Rudy De La Garza Jr.      | sox <u>NOT</u> acceptable)   | ALC:RE             | 77                              |
| Name:                                       |  | <del></del>  | 22                 |                                 |
| Office Address:                             | 4300 US Hwy 1, Suite 203-163   | <u> </u>   | S                  | F                               |
|   | Jupiter  | 33477<br>Florida   | SET<br>ENV         | O                               |
|   | (City)   | (Zip code)   | TA                 |                                 |
| 9 Registered av                             | ent's acceptance:  |  | , <u>w</u>         |                                 |
| .,  | ned as registered agent and to accept service.                               | of process for the above stated co                                     | orporation at the  | e place                         |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

|     | Occusigned by:                 |
|-----|--------------------------------|
| Ву: | Rudy De La Garna               |
|     | 4000 FG 272 (140.1)            |
|     | (Registered agent's signature) |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

| A. DIRE    | CCTORS   |
|------------|--|
| Chairman:  |  |
| Address:   |  |
| _          |  |
| Vice Chair | man  |
| Address:   |  |
| _          |  |
| Director:  | Rudy De La Garza Jr.   |
| Address:   | 4300 US Hwy 1, Suite 203-163   |
|            | Jupiter, F1. 33477   |
| Director:  | Scott Mackley  |
|            | 4300 US Hwy 1, Suite 203-163   |
| 110011011  | Jupiner, FL 33477  |
| B. OFF     | ICERS  |
| President  | Rudy De La Garza Jr.   |
|            | 4300 US Hwy 1, Suite 203-163   |
| /(Kirca.i, | Jupiter, FL 33477  |
| Vice Pres  | ident.   |
|            |  |
| 1 ((() ()) |  |
| Courainte  | Rudy De La Garza Jr.   |
|            | 4300 US Hwy 1, Suite 203-163, Jupiter. Ft. 33477   |
|            | Rudy De La Garza Jr.   |
|            | 4300 US Hwy 1, Suite 203-163, Jupiter, FL 33477  |
|            | If nec addendum to the application listing additional officers and/or directors.   |
| 12.        | _  |
| 14         | Rudy De la Garya Signature of Director or Officer  |
| are true   | seer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S. |
| 13. Rud    | y De La Garza Jr. CEO  (Typed or printed name and canacity of person signing application)  |
|            | ( I yield or printed name and congoity of norson gunning application)  |



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "YIELD DAY, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

And and a second second

Authentication: 202875062

Date: 04-01-21

To: 18506176383