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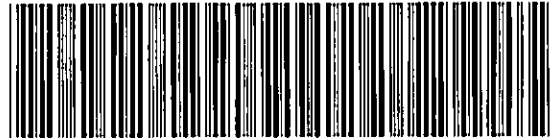
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COVER LETTER

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

SUBJECT: BEAST YOUTH SPORTS
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROEBECK LAURIE
Name (Printed or typed)

830 PARK AVE.
Address

TALLAHASSEE, FL 32301
City, State & Zip

334.714.7447
Daytime Telephone number

beastyouthsports@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: BEAST YOUTH SPORTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

830 PARIS AVE.

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, MENTORSHIP AND EDUCATIONAL PURPOSES MORE SPECIFICALLY TO CREATE INNOVATIVE PROGRAMS THAT PROVIDE ACCESS TO EDUCATIONAL, RECREATIONAL AND HEALTHY LIVING INITIATIVES DESIGNED TO POSITIVELY AID IN THE DEVELOPMENT OF YOUTH. TO THIS END, THE CORPORATION SHALL AT ALL TIMES BE OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: STATED

By-By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERTO LAURE, PRESIDENT Name and Title: _____

Address: ~~8741 ORCH~~ Address: _____

1767 HERMITAGE BLVD. APT. 5204 _____

TALLAHASSEE, FL 32308 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: RODERICK LAURIE

Address: 1767 HERMITAGE BLVD. Apt. 5204
TALLAHASSEE, FL. 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RODERICK LAURIE

Address: 1767 HERMITAGE BLVD. Apt. 5204
TALLAHASSEE, FL. 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature of Registered Agent

3/3/20
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

Date