PH000034690

| questor's Name) | | | | |
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| (Address) | | | | |
| dress) | | | | |
| y/State/Zip/Phone | = #) | | | |
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| siness Entity Nan | ne) | | | |
| cument Number) | <u> </u> | | | |
| _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
PALLAHASSEE, FLORIDA

Office Use Only

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COVER LETTER

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

| SUBJECT: | gastock Ir | nC. | |
|----------------------|--|-------------------------------------|--|
| 1 | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation an | d 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 of Status |
| | | ADDITIONAL CO | DPY REQUIRED |
| FROM: | Lisa Marta Nam 3119 St. Ar | | |
| | Boca Raton City | | |
| | 561 - 213 Daytime 7 | 2-3174 Telephone number | |
| | yocastocki, E-mail address: (to be use | nc@gmail | notification) |

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



April 7, 2014

LISA MARTON 3119 ST.ANNES DR. BOCA RATON, FL 33496

SUBJECT: YOGASTOCK INC. Ref. Number: W14000022056

We have received your document for YOGASTOCK INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Percentages are not required. Please remove the percent (%) sign and list the number of shares only,

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

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 214A00007418

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

| The name of the corporati | on shall be: $yogast$ | ock Onc. | |
|--|---|----------------------------|-------------------------|
| ARTICLE II PRIN | CIPAL OFFICE Principal street address | | ess, if different is: R |
| Boca Rato | Annes Drive | | ASSET IT |
| ARTICLE III PURP The purpose for which the | OSE e corporation is organized is: | | 1:00 STATE LORIDA |
| Yogast Yoga | rock will party festivals includ | ner and creating retail it | ete ens |
| | | | |
| ARTICLE V INITI | RES lock is: / OX/. VAL OFFICERS AND/OR DIRECT LISC Marton | TORS . | |
| Address | 3115 St. Ames Dr Boca Raton, FZ 334 | · Address: | |
| Name and Title:_ | | Name and Title: | |
| Address | | | |
| Name and Title:_ Address _ | | Name and Title: | |
| - | | | |

| Name and Title: | Name and Title: | |
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| Address | Address: | ALE A |
| | | APR |
| | | I7 |
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| | • | Fas D |
| ARTICLE VI REGISTERED AGENT | | AMII:00 of state |
| The name and Florida street address (P.O. Box NOT | acceptable) of the registered agent is: | O DA |
| Name: Lisa Marton | | |
| Address: 3119 St. Annel | Dr. | ~ |
| BOLG Katon, Fr | 3345 b | |
| ARTICLE VII INCORPORATOR | | |
| The name and address of the Incorporator is: | | |
| Name: Lisa Marton | <u>)</u> | |
| Address: 3119 St. And Boca Raton, Fa | nes Dr. | |
| Boca Raton, Fa | 33456 | |
| Having been named as registered agent to accept serv this certificate, I am familiar with and accept the appo | rice of process for the above stated corpointment as registered agent and agree to a | ration at the place designated in act in this capacity |
| Regulfred Signature/Register | M J — ed Agent | |
| I submit this document and affirm that the facts state document to the Department of State constitutes a thir | ed herein are true. I am aware that the j Ø degree felony as provided for in s.817.1 | false information submitted in a 55, F.S. |
| Required Signature/Incorp | - Constan | 4/1/14 Date |
| Redyned Signature incorp | on ator | Date |