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FLORIDA PROFIT/NON PROFIT CORPORATION YO DRYWALL, CORP

| Certificate of Status | 0 |
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: YO DRYWALL, CORP

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ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

4361 NW 192ND ST MIAMI GARDENS, FL 33055

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE (500) BUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: YOANDRO QUIRCE 4361 NW 192ND ST MIAMI GARDENS, FL 33055

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):
YOANDRO QUIRCE
4361 NW 192ND ST
MIAMI GARDENS, FL 33055

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

YOANDRO QUIRCE 4361 NW 192ND ST MIAMI GARDENS, PL 33055

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this <u>07</u> day of <u>APRIL</u> <u>2015</u>.

| · Runce |
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| Signature |
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| Signature |
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

- 1. The name of the corporation is:
 YO DRYWALL, CORP
- 2. The name and address of the registered agent and office is:

 YOANDRO QUIRCE

 (NAME)

 4361 NW 192ND ST

 (P.O. BOX NOT ACCEPTABLE)

 MIAMI GARDENS, FL 33055

 (CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

| SIGNATURE Sandru Clinic | _ع |
|-------------------------|----|
| DATE | |