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To:

Division of Corporations
Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
YAYO CATRACHO CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

ARTICLE I NAMEThe name of the corporation shall be: YAYO CATRACHO CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1730 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL. 34952**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDY Y. CARILLO OLIVERA Name and Title: _____

Address

P/T/S/D

Address: _____

1730 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

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: ANDY Y. CARRILLO OLIVERA
Address: 1730 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL. 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDY Y. CARRILLO OLIVERA
Address: 1730 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL. 34952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/28/2020 (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.)

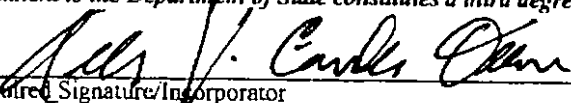
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

08/28/2020
Date

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

08/28/2020
Date