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LAZARUS CORPORATE FILING SERVICE	JC60)
(Requester's Name) 3320 S.W. 87 AVENUE (Address)	,
MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	. •
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBI	ER(S) (if known):
1. GI THERAPEUTIC COA	PORATION
2	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	FIGURE AND SET OF SET O
(Corporation Name)	(Document #)
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NonProfit Resignation of R.A	A., Officer/Director
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Examiner's Initials

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.

<u> ARTICLE I – NAME</u>

The name of the corporation shall be: GI Therapeutic Corporation

SECRETA SEE FLORIDA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1830 N.W. 7 St SUITE # 1009 Miami Fl. 33125

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at one time is: 100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gehidy Martinez 1830 N.W. 7 St Miami Fl. 33125

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is: Gehidy Martinez

1830 N.W 7 St SUITE # 1009

Miami Fl. 33125

The undersigned incorporator has executed these Article of Incorporation this 27 day of May 2001

Signature

ARTICLE VI - DIRECTOR(S)

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

Gehidy Martinez (PRESideNT)
1830 N.W. 7 St SUITE # 1009
Miami Fl. 33125

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and accept services of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature (