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SECRETARY OF STATE
TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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XX **CERTIFIED COPY** _____

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XX **FILING** INC

1. MIKRA, CELLULAR SCIENCES INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MIKRA, CELLULAR SCIENCES INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

666 Burrard Street, #2500
Vancouver BC, V6C 2X8, Canada

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of consumer goods and such other lawful business as the company may determine from time-to-time.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Faraaz Jamal, Chief Operating Officer & Director

Address: 1904 - 111111 Richards Street, #1075
Vancouver BC, V6B 0S3, Canada

Name and Title: Meni Morim, CEO, Secretary & Director

Address: 232 Wychwood Avenue, Apt 3
York ON, M6C 2T3, Canada

Name and Title: Slava Klems, CFO & Director

Address: 384 Ravineview Way
Oakville ON, L6H 6S7, Canada

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jeffrey C. Johnson

Address: c/o Pryor Cashman LLP, 7 Times Square

New York, NY 10036

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

Kelly Hampbell — 9/8/2021

Required Signature/Registered Agent — 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.

DocuSigned by:

Jeffrey Johnson — 9/8/2021

Required Signature/Incorporator — Date