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To:

Division of Corporations

3852201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA PROFIT/NON PROFIT CORPORATION YANI THERAPY INC

Certificate of Status	1
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3052201440

mam

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **NAME:** The name of the corporation is: PRINCIPAL OFFICE: The principal street address and mailing address is: SHARES: The number of shares of stock is: ARTICLE IV INITIAL REGISTERED AGENT AND STREET AI) DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Miami INCORPORATOR: The name and address of the Incorporator is:

33193

Required Signatures:

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

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.

incorperator

Date

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