



ROSS MILLER Secretary of State 204 North Carson Street, Suite 4 Carson City, Nevada 89701-4520 (776) 684-5708 Website: www.nvsoc.gov

Articles of Incorporation (PURSUANT TO NRS CHAPTER 78)

Filed in the office of	Document Number
	20140573565-68
· c.n Mac	Filing Date and Time
Ross Miller	08/07/2014 4:19 PM
Secretary of State	Entity Number
State of Nevada	E0410832014-5

USE BLACK INK ONLY - DO	NOT HIGHLIGHT		and the second			
1. Name of Corporation:	BIOGATEKEEPER, INC.					
2. Registered Agent for Service	Commercial Registered Agent: GKL R	EGISTERED AGEN	rs/filings, inc	ан алданиян тар ана на тар тар ал ал тар ал ал ал		
of Process: (check only one box)	Noncommercial Registered Agent (name and address below)	<u>or</u>	Office or Position (name and addres			
	Name of Noncommercial Registered Agent OR	Name of Title of Office	or Other Position with	h Entity		
		City	a a anana ana ara ara ar	Nevada Zip Code		
	Street Address			Nevada		
	Mailing Address (if different from street address)	City	Number of	Zip Code		
3. Authorized	Number of		shares			
Stock: (number of shares corporation is authorized to issue)	shares with par value:	Par value per share: \$	without par value:	75,000		
4. Names and	1) Jonathan Zhu					
Addresses of the Board of	Name 645 W. 9th St., Unit # 110-282	Los Angele	S	CA 90015		
Directors/Trustees: (each Director/Trustee	Street Address	City	the set of the set of the set of the set	State Zip Code		
must be a natural person at least 18 years of age;	2) Name					
attach additional page if more than two				The Costs		
directors/trustees)	Street Address	City		State Zip Code		
5. Purpose: (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be:		6. Benefit C (see instructions)	Yes		
7. Name, Address and Signature of	I declare, to the best of my knowledge under penalt that pursuant to NRS 239.330, it is a category C fek the Secretary of State.	by of perjury, that the inform any to knowingly offer any	nation contained here faise or forged instrum	in is correct and acknowledg nent for filing in the Office of		
Incorporator: (attach	Jonathan Zhu	X	Incorporator Signature			
additional page if more than one incorporator)	Name	Los Angele		CA 90015		
	645 W. 9th St., Unit # 110-282	City		State Zip Code		
8. Certificate of	I hereby accept appointment as Regist	tered Agent for the a	above named En	tity.		
Acceptance of Appointment of Registered Agent:	x 12 16	70		08/06/2014		

This form must be accompanied by appropriate fees

Kyoto Exhibit 2007 *BioGatekeeper v. Kyoto University* IPR2014-01286

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SE BLACK INK ONLY - DO NOT HIGHLIGHT "YOU MAY FILE THIS FORM ONLINE AT WWW	ovsilverflume.cov**		
YOU MAY FILE INIS FORM UNLINE AT WWW	ning by order instructions. Sia	Filed in the office of	Document Number
Return one file stamped copy. (If filing not accompany stamped copy will be sent to registered agent.)			20140573567-80
MPORTANT: Read instructions before completing and return	ning this form.	· 2. n Mar	Filing Date and Time
Print or type names and addresses, either residence or business, fo President, Secretary, Treasurer, or equivalent of and all Directors m least one director. An Officer must sign the form. FORM WILL BE	or all onicers and directors. A Nusl be named. There must be at RETURNED IF UNSIGNED.	Ross Miller Secretary of State	08/07/2014 4:19 PI
If there are additional officers, attach a list of them to this form.		State of Nevada	Entity Number
Return the completed form with the filing fee. Annual list fee is base authorized stock as explained in the Annual List Fee Schedule For I the descline. A	in annual list received more than		E0410832014-5
O days before its due date shall be deemed an amended intro an	a brannan hann		
. State business license fee is \$200.00. Effective 2/1/2010, \$100.00	must be added for failure to file form by deadlin	ne.	
 Make your check payable to the Secretary of State. <u>Ordering Contest</u>: If requested above, one file stamped copy will b A copy fee of \$2.00 per page is required for each additional copy 		a certified copy, and as an additional \$30.00	per certification.
Return the completed form to: Secretary of State, 202 North Carso Form must be in the possession of the Secretary of State on or bein received after due date will be returned for additional fees and peru	ore the last day of the month in which it is due. allies. Failure to include annual list and busines		e.) Forms
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exercising the power or adulting of an other enables of perjury, that the information contained herein is correct and acknowledge that pursuant to NR8 239.330, it is I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NR8 239.330, it is a category C folony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Date Title 08/06/2014 President

X Signature of Officer or Other Authorized Signature

Nevada Secretary of State List Profit Revised 7-31-13