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PICK-UP WAIT MAIL					
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COVER LETTER

TO: New Filing Sec	tion		,
Division of Corporati			
CUD TECE	3.4 101	T	
SUBJECT:	MedSim	Inc.	, , , , , , , , , , , , , , , , , , ,
Dear Sir or Madam:	(Name of corp	poration - must include su	irrix)
Florida," "Certificate	cation by Foreign Corpora of Existence," and check o transact business in Flor	are submitted to register	
Please return all corre	espondence concerning th	is matter to the following	g:
	Lotha	r Herrmann	
	(Name	e of Person)	
	Meds	Sim Inc.	
		(Company)	
	3215 North W	est 10 th Terrace, Suite #	201
1		(ddress)	
1	Ft. Lauderda	le. FL 3309	
		and Zip code)	
For further information	on concerning this matter	, please call:	
Lothar Herrmann	at	(954)	563-0855
(Name of Person)		(Area Code & Daytim	
		•	
New Filing S Division of C Clifton Build 2661 Executi Tallahassee,	ection Corporations ling ive Center Circle	New I Divisi P.O. I	Filing Section on of Corporations Box 6327 hassee, FL 32314
	or the following amount:	\$79.75 Eiling Egg 8	V ¢97 50 Eiling Egg
\$/U.UU Filing Fee	\$78.75 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1MedSim Inc			Z:S: 7
(Enter name of corporation; must include "	INCORPORATI	ED," "COMPANY," "CORPO	PRATIO 是
"Inc.," "Co.," "Corp," "Inc," "Co," or "Cor	p.")		HAN PAR
			SS 6
			<u> </u>
(If name unavailable in Florida, enter alternation	nate corporate na	me adopted for the purpose of	f transacting ====================================
business in Florida)			다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
2 Delement		2 20 9200010	当 登員 と
2Delaware	ie incorporated)	GEL number if applicable	<u></u>
(State of Country under the law of which it	is incorporated)	(FBI number, ii applicable	;)
4January 8, 2007	5	Perpetual	
(Date of incorporation)	(Dura	ation: Year corp. will cease to	exist or "perpetual")
6.			
(Date first transacted bus	iness in Florida,	if prior to registration)	
		S., to determine penalty liabil	ity)
		•	
73215 North West 10 th Terrac			
th —	(Principal office		
3215 North West 10 th Terrac			
	(Current maili	•	
8Sales and Service of Educational			
(Purpose(s) of corporation author	ized in home stat	e or country to be carried out	in state of Florida)
9. Name and street address of Florida r	egistered agent	t: (P.O. Box <u>NOT</u> acceptab	le)
Name: _Lothar Herrmann			
Office Address: C/O MedSim	Inc. 3215 Nor	th West 10 th Terrace, Sui	te 201
		,Florida33	
(City)			code)
10. Registered agent's acceptance:		` *	,
Having been named as registered agent a	nd to accept serv	vice of process for the above :	stated corporation
at the place designated in this application	, I hereby accept	t the appointment as registere	ed agent and agree
to act in this capacity. I further agree to c	omply with the p	provisions of all statutes relat	ive to the proper
and complete performance of my duties, of	ınd I am familia	r with and accept the obligat	ions of my position
ds/registered agent			
An In	-		
Car Or G			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APPROVED

	TALC SEC
12. Names and business addresses of officers and/or directors:	AHAS MARIA
A. DIRECTORS	
Chairman:	FLOH STORY
Address:	형태
Vice Chairman:	
Address:	
Director: _Mark Bergman	
Address:c/o MedSim Ltd. HaYetzira 10 Industrial Zone, Ra'anana 43663, ISRAEL	
Director:	
Address:	
B. OFFICERS	
Chief Executive Officer: _Mark Bergman	
Address: _c/o MedSim Ltd. HaYetzira 10 Industrial Zone, Ra'anana 43663, ISRAEL	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and directors.	l/or
M. Burunn	
(Signature of Director or Officer listed in number 12 of the application)	
14. Mark Bergman, Chief Executive Officer (Typed or printed name and capacity of person signing application)	

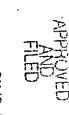
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDSIM INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2007.

07 JAN 26 PH 12: 51
SECRETARY OF STATE
TAIL AHASSTE FLORIDA



TAYS OF THE PARTY OF THE PARTY

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Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5357639

DATE: 01-16-07