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PILED
SECRELARY OF STATE

T. Burch AUG 26 2008

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: SIHA CORP	
(Name of corpor	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
FILIPPO	PASOUCCI
(Nam	e of Person)
SIMA	CORP
520 BRICKELL KEY BRIVE #	813.
(A	Address)
MIAMI - FLORIDA - 331 (City/Sta	31
(City/Sta	ate and Zip code)
For further information concerning this matter, plea	se call:
FULPPO PASCUCCI 30	5 , 905 7116
(Name of Person) at (30)	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$ Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2008

FILIPPO PASCUCCI 520 BRICKELL KEY DRIVE APT 1611 MIAMI, FL 33131

SUBJECT: SIMA CORP. Ref. Number: W08000038431

We have received your document for SIMA CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 108A00046135

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## 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.

1. SIMA GAP.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "C" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ORPORATION,"
SIMA PLUS, CORP.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpo	ose of transacting business in Florida)
2. DELA WARE 3. 33-121	ffoo
	number, if applicable)
4. TEBRORY 20TH ZOOR 5. PERPETUAL	_
(Date of incorporation) (Duration: Year co	rp. will cease to exist or "perpetual")
6.	
(Date first transacted business in Florida, if prior to re	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determin	• •
7. 520 BRICKELL KEY DRIVE #813 - MIAM F	FLORIDA 33131
(Principal office address)	
520 BRICKELL KEY DAVE #813 -MIAMI	F6R124 33 131 🖂 😝
(Current mailing address)	
	ARE AUG
8. Sales HARKETIAG MARBLE TRAVERTINES GADDITES	
(Purpose(s) of corporation authorized in home state or country to be carried or	
9. Name and street address of Florida registered agent: (P.O. Box NOT accept	able) $\Xi S = \Xi$
Name: FILIPPO PASCUCCI.  Office Address: 520 BRICKELL REY DAVE. #813	>>- ' ' ∞
Office Address: 520 BANCKELL KEY DAVE. #813	,
——————————————————————————————————————	3131
(City) (Zi	p code)
10 10 14 1	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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's signature)

(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman: FILIPO PASCO	ccı	<del></del>
Address: 520 BACKELL 1	KEY DANE #813	
	33131 =================================	
<b>√</b>		<del>-</del>
Address:	5 N	
		[T]
Director: SAME	- 1037 - 97 - 1037 - 97	
Address:	IDA IDA	· <u>-</u> -
Director:		
Address:		
B. OFFICERS  President: FILIPPO Pasas  Address: 520 BRICHELL K	EY DAIJE #813	<del></del>
MAMI-FLORIDA-	33131	
Vice President: SAME		
Address:		
Secretary: SAME		
Treasurer: SATE		_
Address:		
NOTE: If necessary, you may attach an ad	Idendum to the application listing additional officers and/or directors.	
(Signature of Director	or or Officer listed in number 12 of the application)	
_	Pascucci	
• ''	name and capacity of person signing application)	

## Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIMA CORP." 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2008.

SECRETARY OF STATE TALL AHASSEF FLORIDA

4507623 8300

080809231

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6754193

DATE: 07-28-08

You may verify this certificate online at corp.delaware.gov/authver.shtml