PO10000217F/LE/S

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

SUBJECT:	simon & simon Internation corp.
SUBUECI:	(Proposed corporate name)
Enclosed incorporat	is an original and one (1) copy of the articles of tion and our check for \$
FROM:	Simon & Simon Corp.
PROM:	Name (printed or typed)
	1795 SW 8th Street
	Address
	Miami, Fl. 33135
	City, State & Zip Code
	(954) 430-7335

AUTHORIZATION BY PHONE TO CORRECT hame OF Corp.

DOC. EXAM

CD-3-1

FILED OI FEB 2:6 AH 8:28

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

simon & simon Internation corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1795 SW 8th Street Miami, Fl. 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Simon Chami 1795 SW 8th Street Miami, Fl. 33135

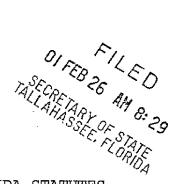
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Simon Chami 1795 SW 8th Street Miami, Fl. 33135 President / Secretary

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
Signature
Signature
Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE.REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the cor	poration is Simon Internation Corp.
		1795 SW 8th Street Miami, Fl. 33135
2.	The name and addres	s of the registered agent and office is:
		Simon Chami
	_	(Name)
		1795 SW 8th Street
		(P.O. Box or Mail Drop NOT acceptable)
		Miami, Fl. 33135
		(City/State/Zip)
procethis agent with compi	ess for the above sta certificate, I her t and agree to act in the provisions of lete perfomance of my	gistered agent and to accept service of ted corporation at the place designated in aby accept the appointment as registered at this capacity. I further agree to comply all statutes relating to the proper and duties, and I am familiar with and accept sition as registered agent.

DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL 23214