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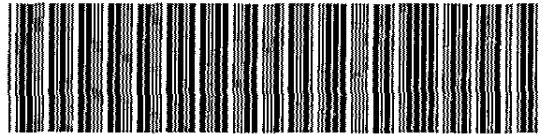
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EMAGRECE SIM LABS, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 16, 2005.

LAZARUS

SUBJECT: EMAGRECE SIM LABS.INC.
Ref. Number: W05000008196

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

Please correct the spelling of the city in the Principal office article.

Please return the original and one copy of 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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 505A00011079

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2005 FEB 17 P 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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 :

--- EMAGRECE SIM LABS. INC

ARTICLE II - PRINCIPAL OFFICE -

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

--- 12958 NW 18 CT
PEMBROKE PINES, FLORIDA. 33028

ARTICLES III - SHARES -

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

--- 100 SHARES COMMON STOCKS. NO PAR VALUE

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name an address of the initial registered agent is:

--- MARISOL COSTAS CALDAS
12958 NW 18 CT
PEMBROKE PINES, FL. 33028

FILED

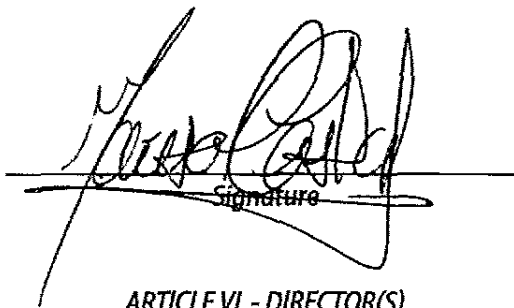
ARTICLE V - INCORPORATOR -

The name and street address of the incorporator to these Articles of Incorporation is:

--- MARISOL COSTAS CALDAS
12958 NW 18 CT.
Pembroke Pines, Florida. 33028

2005 FEB 17 P 2: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, has executed these Articles of Incorporation this 14 day of February, 2005


Signature

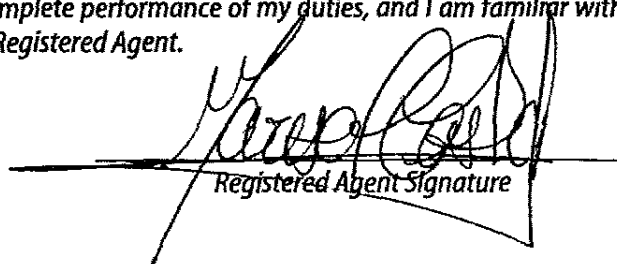
ARTICLE VI - DIRECTOR(S)

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

--- MARISOL COSTAS CALDAS, 12958 NW 18 CT. PEMBROKE PINES, FL 33028, . President and Director.
CLAUDINA RODRIGUEZ BONFIM, 12958 NW 18 CT, PEMBROKE PINES, FL 33028, Vice President.
NAYIBE NOA, 300 BAY VIEV DRIVE #1506, SUNNY ISLES BEACH, FL. 33160, Secretary and Treasurer.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related 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 Signature