P05000/18609

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000058587330

08/24/05--01023--007 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

Department of State.
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Simulation Sciences Inc.

SUBJECT:	Simulation Sciences Inc.		
	(PROPOSED CORPOR	YTE NAME – <u>MUST INCL</u>	UDESUFFIX)
•			
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00	2 \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		Status ADDITIONAL COPY REQUIRED	
		,	
FROM:	William Grigson		
	Name	(Printed or typed)	
	12104 McKinnon Rd.		
		Address	
	Windermere, Florida		
		, State & Zip	
	407-876-6733		
		elephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

05 AUG 24 PM 12: 01

ARTICLE I NAME

The name of the corporation shall be:

Simulation Sciences Inc.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

Simulation Sciences

2538 2732 Woods Edge Circle

Orlando, Florida 32007 82817 cm

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Simulation Sciences inc. is established to provide engineering services, develop software, and to sell licenses and/or subscriptions for commercial software products.

ARTICLE IV SHARES

The number of shares of stock is:

2.000,000

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

William Grigson Chief Executive Officer 12104 McKinnon Rd. Windermere, FL 34786

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carmen Aguilera 2538 -2732 Woods Edge Circle Orlando, Florida 32817 Amo

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

William Grigson 12104 McKinnon Rd. Windermere, FL 34786

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

August 20, 2005 Date Signature/Registered Agent

August 20, 2005 Signature/Incorporator

Date