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CORPORATION NAME(S) & DOCUMENT	T NUMBER(S), (if known):	
1. ELECTROSIM	INC	
(Corporation Name)	(Document #)	
2.	•	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
4		
(Corporation Name)	(Document #)	
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OTHER FILINGS R	EGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

### 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:

ELECTROSIM INC

ARTICLE II - PRINCIPAL OFFICE

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

7869 NW 110 AU. MiAMi FC 33178

### **ARTICLE III - SHARES**

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

100

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTONIO CONTRERAS 7869 NW 110AV MIAMI, FC 33178

### **ARTICLE V - INCORPORATOR**

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

ANTONIO CONTRERAS

7869 NW 110 AU , M M/M/FC 33178 The undersigned incorporator has executed these Articles of Incorporation this 31 day of MARCH 2008

# **ARTICLE VI- DIRECTOR(S)**

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

ANTONIO CONTRERAS

7869 NW 110AV MiAMIFE 33178

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. 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 to obligations of my position as Registered Agent.