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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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TRANSMITTAL LETTER

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

SUBJECT: XIRIS PRODUCTIONS, INC.

(Proposed corporate name-must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate

FROM:

EMMANUELLE PAULHIAC

Name(Printed or typed)

900 BAY DRIVE, APT. 827

Address

MIAMI BEACH, FL 33141

City, State & Zip

(305) 866-0479

Daytime Telephone number

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

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:

XIRIS PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

900 BAY DRIVE, APT. 827 MIAMI BEACH, FL 33141

ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The names and addresses of the initial registered agents are:

EMMANUELLE PAULHIAC 900 BAY DRIVE, APT. 827 MIAMI BEACH, FL 33141

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

EMMANUELLE PAULHIAC 900 BAY DRIVE, APT. 827 MIAMI BEACH, FL 33141

The undersign	gned incorporator	(s) has(have) execut	ed these Articles	of
Incorporation this _	_6 day of _	MARCH	, 20 <u>03</u>	
(An additional artic	le must be added	if an effective date is	s requested.)	
		4	<u>a</u>	_
		Sign	ature	
		Sign	ature	
		Sign	ature	

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 corporation is: XIRIS PRODUCTIONS, INC.
- 2. The name and address of the registered agent and office is:

EMMANUELLE PAULHIAC
(Name)

900 BAY DRIVE, APT. 827

(P.O. Box or Mail Drop Box NOT Acceptated MIAMI BEACH, FL 33141

(City/State/Zip)

Having been named as registered agent and to accept service of process for the stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 3 6 03 (Date)