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EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

Examiner's Initials

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

| CON KODU | CTIONS & ENTERTAINMENT |
|--------------------|---------------------------------------|
| (Corporation Name) | (Document #) |
| (Corporation Name) | (Document #) |
| (Corporation Name) | (Document #) |
| Walk in Pick | up time Certified Copy |
| Mail out Will w | |
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| NEW FILINGS | AMENDMENTS : |
| Profit | Amendment |
| NanProfit | Resignation of R.A., Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other | Метдет |
| | |
| OTHER FILNGS | REGISTRATION/ QUALIFICATION |
| Annual Report | |
| Fictitious Name | Foreign |
| Name Reservation | Limited Partnership |

Trademark

Other

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

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ICON PRODUCTIONS & ENTERTAINMENT, INC.

2007 NOV 14 A II: 28

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 15553 SW 52 CT MIRAMAR, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

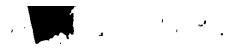
SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

YOMARA UPEGUI (P/D) 15553 SW 52 CT MIRAMAR, FL 33027

EFFECTIVE DATE: JANUARY 01, 2008



ARTICLE VI REGISTERED AGENT

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

YOMARA UPEGUI 15553 SW 52 CT MIRAMAR, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YOMARA UPEGUI 15553 SW 52 CT MIRAMAR, FL 33027

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

Signature/Registered Agent

Date

OMOVO PAU

Signature/Incorporator

Date

SECRETARY OF STATE TALLAHASSEE. FLORID

