# F24000000595

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
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### **COVER LETTER**

TO:	_	tration Section on of Corporations			
SUBJ	ECT:	MEGA SIGN, INC.			
3000		Name o	f corporation -	must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate of	"Application by Foreign Co Existence," or "Certificate and foreign corporation to tra	of Good Standi	ing" and check are submitte	
Please	return :	all correspondence concerni	ng this matter to	o the following:	
KYLE I	KANG				
		<del></del> -	Name of Pe	erson	
MEGA	SIGN, I	NC.			
			Firm/Comp	any	-
РО ВО	X 80315	59			
			Addres	S	
SANTA	A CLARI	TA, CA 91380			
			City/State and	l Zip code	
act@m	negasign				
		E-mail address	(to be used fo	r future annual report notifi	ication)
For fur	rther in	ormation concerning this m	atter, please ca	11:	
KYLE KANG 213		213 at (	222 - 4196		
•	Name	e of Person	Area Code	Daytime Telephone	Number
	Regis Divis The C	EET/COURIER ADDRESS tration Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please		check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT O		l \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MEGA SIGN, INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY, "CORPORATION,				
MEGA LED TEC	CHNOLOGY					
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Texas	3.	85-4281928				
	y under the law of which it is incorporated)	(FEI number, if applicable)				
12/08/2020	5.					
(Date	of incorporation)	(Date of duration, if other than perpet	ual)			
·						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)				
2601 PINEWOOD	D DR., GRAND PRAIRIE, TX 75051					
-	(Principal offic	e <u>street</u> address)				
PO BOX 803159	. SANTA CLARITA, CA 91380					
Name and stree	et address of Florida registered agent: (P.O	g address, if different)  Box NOT acceptable)	_			
Name:	Registered Agents Inc		HVE CTA			
Office Address:	7901 4th St N STE 300			•		
	St. Petersburg	. Florida 33702	<del>-0</del>			
	(City)	(Zip code)		 *		
Registered ago	ent's acceptance:		:- :-			
Having been nam	ed as registered agent and to accept service					
urther agree to c	application, I hereby accept the appointm omply with the provisions of all statutes re- with and accept the obligations of my pos	lative to the proper and complete perform				
J	David Coberts					
_	(Registered agent's sig	gnature)				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

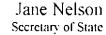
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS DAVID PARK ■ Chairman Name: Chairman Name: □Vice Chairman □ Vice Chairman Address: Address: \_\_\_\_\_ 2601 PINEWOOD DR. ■ Director □ Director GRAND PRAIRIE, TX 75051 **■**President □ President ☐ Vice President ☐ Vice President Secretary ■ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_ □ Chairman Name: □ Chairman □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □President ☐ President □Vice President □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □ Chairman Name: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □President □President □ Vice President \_\_\_\_\_ □Vice President □ Secretary □ Treasurer □ Secretary Treasurer □Other \_\_\_\_ □ Other □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be assign to the index when filing your Florida Department of State Annual Report form.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DAVID PARK / PRESIDENT





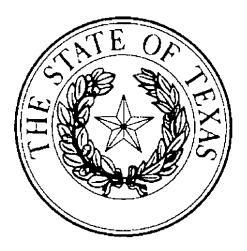
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Mega Sign Inc. (file number 803853942), a Domestic For-Profit Corporation, was filed in this office on December 08, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 28, 2023.



Jane Melson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1317938240002