M24000000055

(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:
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w23-168442

Office Use Only



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JAN 0 3 2024 K. Brumbley



December 20, 2023

CSC

Please give original submission date as file date.

SUBJECT: SCREEN ENGINE/ASI LLC

Ref. Number: W23000168442

We have received your document for SCREEN ENGINE/ASI LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 023A00028969

2024 JAN -3 AM 11: 2

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 12/19/23 Order #: 1355574-1

Re: Screen Engine/ASI LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

auth

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	gistration Section ision of Corporations				
SUBJECT:	SCREEN ENGINE/ASI LLC				
	Name	of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to	the following:			
	Att: Finance Department				
		Name of Person			
	SCREEN ENGINE/ASI LLC				
		Firm/Company			
	12020 Chandler Blvd. Suite #100				
	<u>. </u>	Address			
	Valley Village, CA 91607				
	Cit	ty/State and Zip Code			
	nvillanea@screenengineasi.com				
	E-mail address: (to be	used for future annual report notification)			
or further in	nformation concerning this matter, please call	:			
Nestor Villanea		818 505-2900 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEPA 6125.00 Filing Fee	& 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee. Certificate			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCREEN ENGINE/A	· -				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	y Company," "L.L.C.," or "LLC.")		-
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in E	Florida. The	alternate name must include "Limited Liability Company," "L	I_C," or "	īlic.")
DELAWARE 2.		3.	30-0996428		
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI number, if applicable)		_
03/17/2020					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration nine penalty	a.j liability)		
5. 12020 Chandler I (Street Address of Principal Office)	Blvd. Suite #100	6.	12020 Chandler Blvd. Suite #100)	-
Valley Village, CA	91607		Valley Village, CA 91607	2023 DE	-
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	acceptable)	C 19	
Name:	Corporation Service Company			VM 11: 2	****
Office Address:	1201 Hays Street			σ	
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company

By: Corporation Service Company

(Registered agent's signature)

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Kevin Goetz ■ Manager □Manager 12753 Mulholland Dr. Address: □Member □Member Los Angeles, CA 90210 □ Authorized □ Authorized Person Person □Other_ □Other___ □Other__ □Other - Robert, Levin---□Manager □Manager Name: 227 N. Windsor Blvd. ⊡Member Address: □Member Los Angeles, CA 90004 Authorized ☐ Authorized Person Person □Other_ □Other_____ \square Other___ Other____ Name: Paul Le Blanc □Manager □Manager Name: Address: ____ □Member □Member Address: Los Angeles, CA 90056 Authorized ☐ Authorized Person Person Other □Other___ □Other_____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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. Paul J. Le Blanc
Signature of an authorized person Paul Le Blanc, CFO

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCREEN ENGINE/ASI LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINETEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCREEN ENGINE/ASI LLC" WAS FORMED ON THE SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204854139

Date: 12-19-23

6470225 8300 SR# 20234268856