

# PD20000005746

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATIONS  
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## FLORIDA PROFIT CORPORATION OR P.A.

### MAGIC SIGN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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:

Magic Sign, Inc.

ARTICLE II      PURPOSE OF CORPORATION

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III      PRINCIPAL OFFICE

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

3931 W. Davie Blvd.  
Ft. Lauderdale, FL 33312

ARTICLE IV      CORPORATE CAPITALIZATION

The maximum number of shares that this Corporation is authorized to have outstanding at any time is FIVE THOUSAND (5,000) shares of common stock, each share having the par value of ONE DOLLAR (\$1.00).

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ARTICLE V      PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ismail Samara  
4321 W. McNab Road #17  
Pompano Beach, FL 33069

ARTICLE VII      INCORPORATOR(S)

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

Cary Nabors  
8362 Pines Blvd. Ste 291  
Pembroke Pines, FL 33024

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The Undersigned incorporator(s) has(have) executed these Articles of Incorporation this 16 day of January, 2002.

*Cary Nelson*  
Signature

### Signature

**Signature**

**Signature**

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED  
OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Magic Sign, Inc.

2. The name and address of the registered agent and office is:

Ismail Samara

(Name)

4321 W. McNab Road #17

(P.O. BOX not acceptable)

Pompano Beach, FL 33069

(City/State/zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree the 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.

X Ismail Samara  
(Signature)

01/16/02

DIVISION OF CORPORATIONS, P O BOX 6327, TALLAHASSEE, FL