## P160000007252

| (Requestor's Name)                      |                                       |
|-----------------------------------------|---------------------------------------|
| (Address)                               |                                       |
| (Address)                               |                                       |
| (City/State/Zip/Phone #)                |                                       |
| PICK-UP WAIT MA                         | IL                                    |
| (Business Entity Name)                  | · · · · · · · · · · · · · · · · · · · |
| (Document Number)                       |                                       |
| Certified Copies Certificates of Status |                                       |
| Special Instructions to Filing Officer: |                                       |
|                                         |                                       |
|                                         |                                       |
| -18938                                  |                                       |

Office Use Only



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SECRETARY OF STATE TALLAHASSEE FLORIDA

174

## COVER LETTER

| TO: Charter Section Division of Corporations                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EANTAGIO INC                                                                                                                                                                                                                      |
| SUBJECT: FANTAGIO INC.  Name of Resulting Florida Profit Corporation                                                                                                                                                              |
| The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.                          |
| Please return all correspondence concerning this matter to:                                                                                                                                                                       |
| Murray Dressler                                                                                                                                                                                                                   |
| Contact Person                                                                                                                                                                                                                    |
| FANTAGIO INC.                                                                                                                                                                                                                     |
| Firm/Company                                                                                                                                                                                                                      |
| 506 East Tell Oaks Dr.                                                                                                                                                                                                            |
| Address                                                                                                                                                                                                                           |
| Palm Beach Gardens, FL 33410                                                                                                                                                                                                      |
| City, State and Zip Code                                                                                                                                                                                                          |
| E-mail address: (to be used for future annual report notification)                                                                                                                                                                |
| For further information concerning this matter, please call:                                                                                                                                                                      |
| Murray Dressler at (516) 236 0061                                                                                                                                                                                                 |
| Name of Contact Person Area Code and Daytime Telephone Number                                                                                                                                                                     |
| Enclosed is a check for the following amount:                                                                                                                                                                                     |
| □ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certificate of Status |
| STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314                              |

Tallahassee, FL 32301



March 14, 2016

MURRAY DRESSLER 506 EAST TALL OAKD DR PALM BEACH GARDENS, FL 33410

SUBJECT: FANTAGIO INC Ref. Number: W16000018938

We have received your document for FANTAGIO INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 016A00005234

## **Certificate of Conversion** For

"Other Business Entity" Into

Florida Profit Corporation

FILED 16 HAR 25 PM 5: 54

SECRETARY OF STATE TALLAHASSEE FLORIDA
This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FANTAGIO INC (06-1660591)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Enter Name of Other Business Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)                                                                                                                                                                                                                                                                                                                                                                             |
| first organized, formed or incorporated under the laws of New York  (Enter state, or if a non-U.S. entity, the name of the country)                                                                                                                                                                                                                                                                                                                                                                                                                                |
| on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Enter date "Other Business Entity" was first organized, formed or incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ul> <li>3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:</li> <li>4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:</li> </ul>                                                                                                                                                                                                                                                                    |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Enter Name of Florida Profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |

| Signed this 27 day of February                                                                                       | 20.16                                                        |                                        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|
| Required Signature for Florida Profit Corporation                                                                    |                                                              | FILED                                  |
| Signature of Chairman, Vice Chairman, Director, Off<br>Incorporator:  Printed Name: Movray Dresse Title:             |                                                              |                                        |
| Incorporator:  Printed Name: Movron Dressur Title:                                                                   | resident                                                     | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| Required Signature(s) of behalf of Other Business                                                                    |                                                              | THE TEURIDA                            |
| Signature:                                                                                                           | <u> </u>                                                     |                                        |
| Printed Name: Murray Dressle                                                                                         | Title: (Vice) President                                      |                                        |
| Signature:                                                                                                           |                                                              |                                        |
| Printed Name:                                                                                                        | Title:                                                       |                                        |
| Signature:                                                                                                           |                                                              |                                        |
| Printed Name:                                                                                                        | Title:                                                       | <del></del>                            |
| Signature:                                                                                                           |                                                              |                                        |
| Printed Name:                                                                                                        | Title:                                                       |                                        |
| Signature:                                                                                                           |                                                              |                                        |
| Printed Name:                                                                                                        | Title:                                                       |                                        |
| Signature:                                                                                                           |                                                              |                                        |
| Printed Name:                                                                                                        | Title:                                                       |                                        |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                              | ty Partnership:                                              |                                        |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of ALL General Partners.                            | ty Limited Partnership:                                      |                                        |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative                             |                                                              |                                        |
| All others: Signature of an authorized person.                                                                       |                                                              | •                                      |
| Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |                                        |

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

| ARTICLE I NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 001 4114101   |                                       | FIL                                   | ED          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|---------------------------------------|-------------|
| The name of the corporation shall be:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TAGIU         | INC                                   | 16 MAR 25                             | PM 5: 54    |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       | SECRETARY<br>TALLAHASSE               |             |
| Principal street address 506 East Tall Uaks Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Mailing ad                            | dress, if different is:               |             |
| Palm Beach Goding Fl Brus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | بينستني       |                                       |                                       |             |
| 33410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                       | · · · · · · · · · · · · · · · · · · · |             |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Productional Produc | riducts       | as a                                  | distributor                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>   |                                       |                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>  |                                       |                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>       | <del></del>                           |                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |                                       | <del></del> |
| ARTICLE IV SHARES The number of shares of stock is: Owe Shares                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e             | · · · · · · · · · · · · · · · · · · · |                                       |             |
| ARTICLE V INITIAL OFFICERS AND/OR DIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>ECTORS</u> |                                       |                                       |             |
| Name and Title: Murray Dresslar- President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name and      | Title:                                | <u> </u>                              |             |
| Address: 506 Ext Tell Usics Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address:      | <u></u>                               |                                       |             |
| Palm Beach Garden FL 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3412          |                                       |                                       |             |
| Name and Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name and      | Title:                                |                                       |             |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address:      |                                       | <del>_</del>                          |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |                                       |             |
| Name and Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name and      | Title:                                | 7310                                  | <del></del> |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address:      | <del></del>                           |                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |                                       |             |

| ARTICLE     | VI REGISTERED AGENT                                                                  | · · · · · · · · · · · · · · · · · · ·     |
|-------------|--------------------------------------------------------------------------------------|-------------------------------------------|
| The name a  | and Florida street address (P.O. Box NOT acceptable) of the registered agent is:     | ,                                         |
| Name:       | Murray Dressler                                                                      | FILED                                     |
| Address:    | 506 East Tell War Dr.                                                                | 16 MAR 25 PM 5: 54                        |
|             | Pelm Berch Gardon, FL 33410                                                          | SECRETARY OF STATE<br>TALLAHASSEE FLORIDA |
| ARTICLE     | VII INCORPORATOR                                                                     |                                           |
| The name a  | and address of the Incorporator is:                                                  |                                           |
| Name:       | Murray Dressler                                                                      |                                           |
| Address:    | 506 East Tall Daw Dr<br>Palm Beach Gardens FL 33412                                  |                                           |
| ,           | Pelm Beach Gorden, FL 33412                                                          |                                           |
|             |                                                                                      |                                           |
| •           | **************************************                                               | •                                         |
|             | 2/28/16                                                                              | <b>,</b>                                  |
|             | Required Signature/Registered Agent Date                                             |                                           |
|             | is document and affirm that the facts stated herein are true. I am aware that any    |                                           |
| document to | o the Department of State constitutes a third degree felony as provided for in s.817 | 7.155, F.S.                               |
|             | 2/28                                                                                 | 116                                       |
|             | Required Signature/Incorporator                                                      | Date                                      |