

P24 00 0036050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

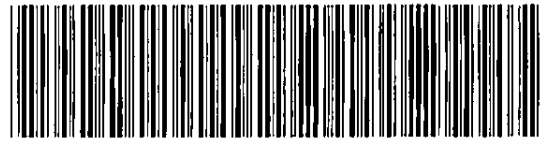
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

64115124

Office Use Only



100424901351

CRATHAM  
MAY 31 2024

~~100424901351~~  
03/01/24--01007--002 \*\*105.00

FILED  
2024 APR 15 AM 7:17  
CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2024

DISCHINO & SCHAMY, PLLC  
4770 BISCAYNE BLVD., STE 600  
MIAMI, FL 33137 US

SUBJECT: CHRISTOPHER A DISCHINO ESQ  
Ref. Number: W24000049308

We have received your document for CHRISTOPHER A DISCHINO ESQ and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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 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.

Tabitha J Howell  
Regulatory Specialist II

Letter Number: 224A00006616

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **MEDIA SIGNAGE, INC.**

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

**CHRISTOPHER A. DISCHINO ESQ.**

Contact Person

**DISCHINO & SCHAMY, PLLC**

Firm/Company

**4770 BISCAYNE BLVD., STE 600**

Address

**MIAMI, FL 33137**

City, State and Zip Code

**CHRISTOPHER@DSMIAMI.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CHRISTOPHER A. DISCHINO ESQ.** at ( **786** ) **581-2542**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees   ☐ \$113.75 Filing Fees and Certificate of Status   ☐ \$113.75 Filing Fees and Certified Copy   ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

**MEDIA SIGNAGE INC.**

Enter Name of the Converting Entity

2. The converting 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 **CALIFORNIA**

(Enter state, or if a non-U.S. entity, the name of the country)

on **NOVEMBER 2, 2007**

Enter date "Converting Entity" was first organized, formed or incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 APR 15 AM 7:17

FILED

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

**MEDIA SIGNAGE INC.**

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: **1/1/2024**

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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 27th day of DECEMBER, 2023.

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: SHAHAR SEAN LEVY Title: PRESIDENT

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: 

Printed Name: SHAHAR SEAN LEVY Title: PRESIDENT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 APR 15 AM 7:17

FILED

ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: MEDIA SIGNAGE INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

4770 BISCAYNE BLVD., STE. 600, MIAMI, FL 33137

Mailing address, if different is:

5776-D LINDERO CYN RD., STE 182, WESTLAKE VILLAGE, CA 91362

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED  
2024 APR 15 AM 7:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV    SHARES**

The number of shares of stock is: 10,000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: SHAHAR SEAN LEVY, PRESIDENT AND TREASURER

Address: 4770 BISCAYNE BLVD., STE. 600, MIAMI, FL 33137

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: ALON PELEG, SECRETARY

Address: 4770 BISCAYNE BLVD., STE. 600, MIAMI, FL 33137

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DiSchino & Schamy, PLLC

Address: 4770 Biscayne Blvd., Suite 600

Miami, FL 33137

\*\*\*\*\*

*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*



\_\_\_\_\_  
Required Signature/Registered Agent

12/27/2023

\_\_\_\_\_  
Date

**FILED**  
2024 APR 15 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FL