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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (855) 330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ACTLIEN HOLDING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

ST. TAMM
TALLAHASSEE, FL

14 JUL 16 AM 10:10

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**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.*

1. ACTLIEN HOLDING INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 04/20/2011

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 45 WEST 45th STREET - SUITE 1402, NEW YORK NY 10036

(Principal office address)

45 WEST 45th STREET - SUITE 1402, NEW YORK NY 10036

(Current mailing address)

8. Purchase liens

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Northwest Registered Agent LLC**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

Tampa

(City)

Florida 33607

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Dan Keen - Manager

(Registered agent's signature)

11. 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.

14 JUL 16 AM 9:50

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ADAM TAKI

Address: 45 WEST 45th STREET - SUITE 1402,
NEW YORK NY 10036

Director: _____

Address: _____

B. OFFICERS

President: ADAM TAKI

Address: 45 WEST 45th STREET - SUITE 1402, NEW YORK NY 10036

Vice President: BRUCE ZIGLER

Address: 45 WEST 45th STREET - SUITE 1402, NEW YORK NY 10036

Secretary: ADAM TAKI

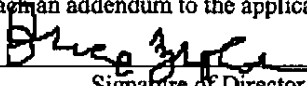
Address: 45 WEST 45th STREET - SUITE 1402, NEW YORK NY 10036

Treasurer: ADAM TAKI

Address: 45 WEST 45th STREET - SUITE 1402, NEW YORK NY 10036

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. BRUCE ZIGLER, Vice President

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ACTLIEN HOLDING INC. was filed on 04/20/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of May
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State