

F18000001405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

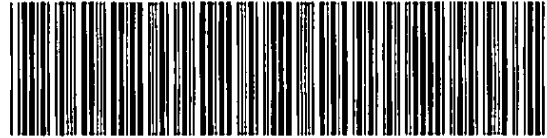
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/12/18--01022--014 ++78.75

FILED
2018 MAR 22 PM 1:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 23 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTICON ENGINEERING, P.C.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

M. CUEVA-EGUIGUREN

Name of Person

ACTICON ENGINEERING, PC

Firm/Company

21 NORTH MAIN STREET, SUITE 210

Address

PORT CHESTER, NEW YORK 10573

City/State and Zip code

MCE@ACTICONENGINEERING.COM

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

For further information concerning this matter, please call:

MAURICIO CUEVA-EGUIGUREN

914

690-2745, EXT. 21

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2018

M CUEVA-EGUIGUREN
21 N MAIN ST, SUITE 210
PORT CHESTER, NY 10573

SUBJECT: ACTICON ENGINEERING, P.C.
Ref. Number: W18000024295

2018 MAR 22 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for ACTICON ENGINEERING, P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Acceptable suffix included after P.C.,

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Jenna Harris
Regulatory Specialist II

Letter Number: 218A00005075

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2018 MAR 22 PM 10:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

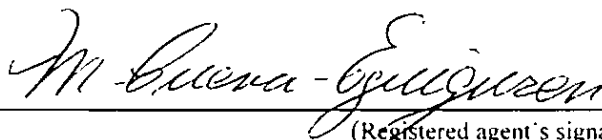
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. ACTICON ENGINEERING PC, 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/25/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 15800 PINES BLVD., STE. 3018, PEMBROKE PINES, FL 33027
(Principal office address)
- 21 NORTH MAIN STREET, SUITE 210, PORT CHESTER, NEW YORK 10573
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Mauricio Cueva-Eguiguren, PE, CFEl
- Office Address: 15800 Pines Boulevard, Suite 3018
- Pembroke Pines, Florida 33027
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: MAURICIO CUEVA-EGUIGUREN

Address: 21 NORTH MAIN STREET, STE. 210, PORT CHESTER, NY 10573

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: MAURICIO CUEVA-EGUIGUREN

Address: 21 NORTH MAIN STREET, SUITE 210, PORT CHESTER, NEW YORK 10573

Vice President:

Address:

Secretary:

Address:

Treasurer: PAULINA CUEVA-EGUIGUREN

Address: 21 NORTH MAIN STREET, SUITE 210, PORT CHESTER, NEW YORK 10573

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TALLAHASSEE FLORIDA

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

12. M. Cueva-Eguiguren

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. MAURICIO CUEVA-EGUIGUREN, PE, CFEI - 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 ACTICON ENGINEERING, P.C. was filed on 05/25/2000, 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 05th day of March two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*