

1/26/2018

# P18000012382

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000032595 3)))



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

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ACTUATOR DEVICE INC**

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

N. SAMS

FEB 08 2018

Electronic Filing Menu

Corporate Filing Menu

Help



February 5, 2018

CORP USA

SUBJECT: ACTUATOR DEVICE INC  
REF: W18000011445

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
18 FEB -7 PM 3:06  
TALLAHASSEE, FLORIDA

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 243-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

FAX Aud. #: H18000032595  
Letter Number: 218A00002361

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

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

SUBJECT: ACTUATOR DEVICE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM: AARON ROTHENBERG  
Name (Printed or typed)  
7282 NW 58TH WAY  
Address  
PARKLAND, FL 33067  
City, State & Zip  
(954) 651-0792  
Daytime Telephone number  
aaronrothenberg@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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

**ARTICLE I NAME**

The name of the corporation shall be: ACTUATOR DEVICE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

7282 NW 58TH WAY

SAME

PARKLAND, FL 33067

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ESTABLISH A NEW ENTITY FOR THE PURPOSE OF  
COMPUTER HARDWARE AND SOFTWARE SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AARON ROTHENBERG-PRESIDENT

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

Address

7282 NW 58TH WAY

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

PARKLAND, FL 33067

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

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

Address

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

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

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

Address

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

FILED  
IN  
CLERK OF CIRCUIT  
JULY 11 2018  
TALLAHASSEE, FLORIDA

18 FEB -7 PM 3:06

FILED

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

**ARTICLE VI REGISTERED AGENT**

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

Name: AARON ROTHENBERG  
 Address: 7282 NW 58TH WAY  
PARKLAND, FL 33067

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 18 FEB -7 PM 3:06  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AARON ROTHENBERG  
 Address: 7282 NW 58TH WAY  
PARKLAND, FL 33067

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

*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

2/2/18  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
 Required Signature/Incorporator

2/2/18  
 Date