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PICK-UP WAIT MAIL	
(Business Entity Name)	i
(Document Number)	
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## COVER LETTER

то:	Registration Section Division of Corporati	ons				
SUBJE	SB U.S. LLC					
		Name of	Limited Liability	Company		
The en Exister	closed "Application by F ce, and check are submit	oreign Limited Liability Com ted to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabili	ansact Business in Florida," ty company to transact busin	Certificate of ness in Florida.
Please	return all correspondence	concerning this matter to the	following:			
	Yumi Rios					
		N	ame of Person			
	SB U.S. LLC					
Firm/Company						
	One Circle St	ar Way 3rd floor				
Address						
	San Carlos, C	A 94070				
City/State and Zip Code						
	SBUSLLC@so	ftbank.com				
	<del></del>	E-mail address: (to be use	d for future annua	героп по	tification)	
For fur	her information concerni	ng this matter, please call:				
	Yumi Rios		424 at (	477-96 )		
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS:  of Corporations  ion Section  suilding  coutive Center Circle  see, FL 32301	
Enclose	d is a check for the follor ■ \$125.00 Filing Fee	wing amount:  \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	



September 19, 2017

YUMI RIOS ONE CIRCLE STAR WAY, 3RD FLOOR SAN CARLOS, CA 94070 US

SUBJECT: SB U.S LLC

Ref. Number: W17000074981

We have received your document for SB U.S LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The alternate name that you have chosen is not available. Please select a new name.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

Letter Number: 117A00019050

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") SB U.S.T) jami purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3. 46-419-1573 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 10/1/2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. in determine penalty liability.) One Circle Star Way 3rd floor Same as Principal address (Street Address of Principal Office) (Mailing Address) San Carlos, CA 94070 FILED IN SEP 26 PH 2: 19 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: Office Address: 1200 So. Pine Island Rd Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 rignature) Hiedi M. Liesch, Asst. Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: CEO Eiji Shimagami One Circle Star Way 3rd floor San Carlos, CA 94070 COO Takeshi Matsuoka One Circle Star Wav3rd floor San Carlos, CA 94070 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Typed or printed name of signer

Yumi Rios

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SB U.S. LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Part Corn delaware Sov/au

Authentication: 203192788

Date: 09-08-17