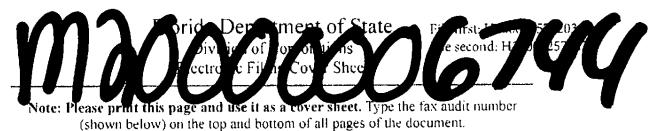
8/3/2020

Division of Corporations



(((H20000257222 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

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3-3 PHI2:

Foreign Limited Liability Company MIECO LLC

Certificate of Status	0
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FILE SECOND

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L. MIECO LLC



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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN TAMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(II næne unuvulable, enter alternate i	iame adopted for the purpose of transacting hismoss in Flo	orida. The al	remate name must include "Laurice	Liability C	ompairy." "U.E.C." or "LEC."
2. Delaware 2. Qurisdiction under the law of w	hich foreign limited liability company is organized.	3	dPl us	inber, if ap	splicable}
4. 08/01/2020	(Date first transacted business as Florida, if prior to (Sea sections 605 0904 & 605 0905, E.S. to determi	registration)			
301 E. Ocean Blyd., Suite 1100 5. (Street Address of Principal Office)		6. (Mahing Address)			
Long Beach, CA 90802	2-4832	1	ong Beach, CA 90802-4	832	
7. Name and street address	<u>s</u> of Florida registered agent: (P.O. Box	<u>NOT</u> ac	ceptable)	7.	
Name:	C T Corporation System			: :	
Office Address:	1200 South Pine Island Road			; ;	
	Plantation		33324 , Florida		٠
	(Cny)		1Zip code	, , ,	7

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.

By: Jan M Hy James M. Halpin, Asst. Secretary
(Registered agent's signature)

□ Other_____

Title or Capacity:	Name and Address:	Title or Capacit	<u>ly:</u>	Name and Address:
□Manager	Name: Marubeni America Corporation	□Manager	Name:	
■Member	Address:	(]Member	Address:	
[_]Authorized	New York, NY 10017	□Authorized		
Person		Person		
[]Other	L')Other	Other		Other
	N.	□ Manauur	Nome	
□Manager	Name:	□Manager	Militer	
□Membor	Address:	□Member	Address:	
□Authorized		□Authorized		····
Person		Person		
[]Other	Other	Other		□Other
ElManager	Nane:	□Manager	Name:	
[T]Member		□Member	Address:	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□Other_____

□ Authorized

Person

[]Other_____

- 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 outh 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.

mtada	
	Signature of an authorized person
Mitsutaka Tada	
	Typed or printed name of signer

[] Authorized

Person

[]Other____



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIECO 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 THIRD DAY OF AUGUST, A.D. 2020.

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

Authentication: 203392031

Date: 08-03-20