

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Decomposit Noveles)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: New Filing Sec Division of Co				
SUBJECT: Sigm	a Designs, Inc.			
		ation - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence		for Authorization to Transac Standing" and check are subrusiness in Florida.		
Please return all corresp	pondence concerning this m	atter to the following:		
Terry Nguyen				
	Nam	e of Person		
Sigma Designs	s, Inc.			
		Company		
1778 McCarthy	y Blvd			
	A	Address		
Milpitas, CA 950	035			
		ate and Zip code		
Terry Nguyen@s	sigmadesigns.com			
		sed for future annual report ne	otification)	
For further information	concerning this matter, plea	ase call:	1 0 0 E	
Catherine Van F	Rhee at (408	3) 957-9847	one Number	
Name of Perso		rea Code & Daytime Telepho	one Number 05	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing 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	

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.

	SIGNS, INC. corporation; must include "INCORPORATI	ED." "COMPANY." "CORPORATION."	-
"Inc.," "Co.," "	Corp," "Inc," "Co," or "Corp.")	bb, com Arti, com oration,	
(If name unava	ilable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)	
STATE OF CALIFORNIA		<u>94-2848099</u>	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
JANUARY		5. PERPETUAL	
(Da	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
AUGUST 1			
·.		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
1778 McC	ARTHY BLVD, MILPITAS, C	A 95035	
	(Principal office	address)	
1778 McC	ARTHY BLVD, MILPITAS,	, CA 95035	
:	(Current mailing	address)	
TO ENGA	GE IN ANY LAWFUL ACT	OR ACTIVITY St.	.10~3
(Purpose	s) of corporation authorized in home state o	r country to be carried out in state of Florida)	#
,		The state of the s	200
	et address of Florida registered agent: (P.O. Box NOT acceptable)	AUG
	et address of Florida registered agent: (Incorporating Services,	CAL TO	8- 9n
Name and stree:	·	CAL TO	00
Name and stre	Incorporating Services,	, Ltd.	1

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.

Melissa A Stype Asst. Floritary
(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: __ Address: _ Address: **B. OFFICERS** President: Thinh Q Tran Address: 1778 McCarthy Blvd Milpitas, CA 95035 Vice President: Secretary: Thomas E Gay III Address: 1778 McCarthy Blvd, Milpitas, CA 95035 Treasurer: Thomas E Gay III Address: 1778 McCarthy Blvd, Milpitas, CA 95035 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Thomas Gay, CFO + Secretary

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SIGMA DESIGNS, INC.

FILE NUMBER:

C1100513

FORMATION DATE:

01/07/1982

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 12, 2011.

> **DEBRA BOWEN** Secretary of State