

12/9/2013 15:58:41 From: To: 6381

Division of Corporations

(1/7)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 11/26

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Concentrix Corporation

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

13 NOV 26 PM 12: 29

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TALLAHASSEE, FLORIDA

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12/10/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Concentrix Corporation

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:

Name of Person

Firm/Company

Address

City/State and Zip code

erici@synnex.com

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

For further information concerning this matter, please call:

Name of Person

at (_____)

Area Code & Daytime Telephone Number

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

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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. Concentrix Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

SYNNEX-Concentrix Corporation

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 16-1400305

(FBI number, if applicable)

4. 09/02/1991

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3750 Monroe Avenue, Pittsford, NY 14534

(Principal office address)

33 Villa Road, Suite 300, GREENVILLE, SC 29615

(Current mailing address)

8. SEE ATTACHMENT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. 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.

C T Corporation System

By: [Signature]

(Registered agent's signature)

Ternell Kearney Asst. Secretary

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.

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Kevin Murni

Address: 44201 Nobel Drive

Fremont, CA 94538

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. M. W. W. W.

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.

14. M. W. W. W. CEO

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

**Attachment to Florida
Purpose Clause**

Technical and customer support, sales and marketing, and back office transaction processing

Officers & Directors

- 1 **Full Name:** Dennis J Polk
 Officer/Director: Officer, Director
 Officer's Title: COO
 Director's Title: Director
 Business Address: 44201 Nobel Drive
 City: Fremont
 State: CA
 ZIP Code: 94538
- 2 **Full Name:** Marshall Witt
 Officer/Director: Officer, Director
 Officer's Title: CFO
 Director's Title: Director
 Business Address: 44201 Nobel Drive
 City: Fremont
 State: CA
 ZIP Code: 94538
- 3 **Full Name:** Chris A Caldwell
 Officer/Director: Officer, Director
 Officer's Title: Senior VP
 Director's Title: Director
 Business Address: 44201 Nobel Drive
 City: Fremont
 State: CA
 ZIP Code: 94538
- 4 **Full Name:** Mike Vaishnav
 Officer/Director: Officer, Director
 Officer's Title: Senior VP Finance
 Director's Title: Director
 Business Address: 44201 Nobel Drive
 City: Fremont
 State: CA

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	ZIP Code:	94538
5	Full Name:	Simon Y Leung
	Officer/Director:	Officer, Director
	Officer's Title:	Corporate Secretary & General Counsel
	Director's Title:	Director
	Business Address:	44201 Nobel Drive
	City:	Fremont
	State:	CA
	ZIP Code:	94538
6	Full Name:	Kevin Murai
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	44201 Nobel Drive
	City:	Fremont
	State:	CA
	ZIP Code:	94538

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of CONCENTRIX CORPORATION was filed on 08/02/1991, under the name of MATRICS MAGNETICS CORP. , 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.

A Certificate of Amendment MATRICS MAGNETICS CORP. , changing its name to MATRICS CORPORATION, was filed 05/24/1994.

A Certificate of Amendment MATRICS CORPORATION, changing its name to CONCENTRIX CORPORATION, was filed 04/11/1997.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 22nd day of November
two thousand and thirteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201311250454 • EZ

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