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## **COVER LETTER**

4

TO: New Filing Section Division of Corporations	
TEIKUDA CARDADA	TION
SUBJECT: TEIKURO CORPORA	on - must include suffix
Name of corporation	on - must include sumx
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
SAMANTHA CHAN	
Name o	f Person
TEIKURO CORPORATION	
Firm/Co	mpany
135 MAIN STREET, 9TH FLOO	OR .
	iress
SAN FRANCISCO, CA 94105	
	and Zip code
SFTEIKURO@AOL.COM	-
	for future annual report notification)
For further information concerning this matter, please	e call:
<i>2</i>	
SAMANTHA CHAN at 415	273-2652
	a 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 & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANC REGISTER A FO	TE WITH SECTION 607.1503, FLORIDA S PREIGN CORPORATION TO TRANSACT.	TATUTES, THE FOLLOWING IS SUBMIT BUSINESS IN THE STATE OF FLORIDA.	TED TO
	O CORPORATION		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	LIB PHIZ: 44 HASSEE, FLEENE
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	in Flightight)
2. CALIFO	RNIA 3.	95-3956078	The state of the s
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 08/24/19	5.	PERPETUAL	
(Date	c of incorporation)	(Duration: Year corp. will cease to exist or "pe	erpetual")
6			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
135 MAIN		SAN FRANCISCO, CA 9410	15
7. 100 1017(11	(Principal office addi		<del></del>
135 MAIN	STREET, 9TH FLOOR, SAI		
	(Current mailing adds		
	,		
3. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)	
Name:	<b>ROBIN ASTERINO</b>		
Office Address:	6202 SE WINDSONG LAI	NE	
onico riduress.	STUART		
	(City)	. Florida 34997 (Zip code)	
Having been nam lesignated in this lurther agree to c	application, I hereby accept the appoints comply with the provisions of all statutes r familiar with and accept the obligations of	io	this capacity. I
	(Registered agent's sig	inature)	

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: TOYOHIKO ICHIKAWA 135 MAIN STREET, 9TH FLOOR SAN FRANCISCO, CA 94105 Vice Chairman: JIHSHIN HO Address: 135 MAIN STREET, 9TH FLOOR SAN FRANCISCO, CA 94105 Director: Director: **B. OFFICERS** TOYOHIKO ICHIKAWA 135 MAIN STREET, 9TH FLOOR SAN FRANCISCO, CA 94105 Vice President: JIHSHIN HO Address: 135 MAIN STREET, 9TH FLOOR SAN FRANCISCO, CA 94105 Secretary: \_ Address: Treasurer: 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.

13. JIHSHIN HO

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TEIKURO CORPORATION

FILE NUMBER:

JURISDICTION:

C1316634

FORMATION DATE:

08/24/1984

TYPE:

DOMESTIC CORPORATION CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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STORE LARY OF STATE

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 June 13, 2014.

**DEBRA BOWEN**Secretary of State