100/4 ida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H15000066026 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: 58 United States Inc. FOREIGN PROFIT/NONPROFIT CORPORATION SB U.S. Inc. Certificate of Status 0 Certified Copy 26-7 Page Count \$70.00 Estimated Charge APR 8 2015 S. GILBERT Electronic Filing Menu Corporate Filing Menu

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3/17/2015 11:34:37 AM PAGE 1/001 Fax Server



March 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE

CT CORPRATION SYSTEM

SUBJECT: SB U.S. INC. REF: W15000018881

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: E15000066026 Letter Number: 115A00005356

PE-SUBMT

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COVER LETTER

TO:	New Filing Sec Division of Co				
SYTE	JECT:	Inc.			
		Name of	corporation	- must include suffix	
Dear	Sir or Madam:				
"Cert	ificate of Existenc		of Good Star	Authorization to Transanding" and check are subsets in Florida.	
Pleas	e return all corres	pondence concernin	g this matte	r to the following:	
Georg	ge Hibbert				
	 -		Name of	Person	
SB U	S. Inc.				
			Firm/Cou	ıpany	
1 Circ	de Star Way				
			Addn	CSS	
San C	arlos, CA 94070				
georg	e.hibbert@g.sof(ba	nk.co, p	City/State a	nd Zip codc	
			(to be used	for future annual report	notification)
F 6				-	,
rorn	irther information	concerning this ma	iter, please o	call:	
George Hibbert		B	310 t (936-81 <i>5</i> 2	
	Name of Perso	n	Aren (Code & Daytime Teleph	one 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	
Enclo	sed is a check for	the following amou	nt:		
Ø \$7	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 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. SB U.S. Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") SB United States Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 55-0841675 (State or country under the law of which it is incorporated) (FEI number, if applicable) Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1 Circle Star Way, San Carlos, CA 94070 (Principal office address) 1 Circle Star Way, San Carlos, CA 94070 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Florida (City)

9. 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.

Rebecca Barth

Assistant Secretary

By: (Registered agent's signature)

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. Nám	es and business addresses of officers and/or directors:				
A. DIRE					
Chairman					
Address:	1 Circle Star Way				
	San Carlos, CA 94070				
Vice Chai	Jun Shimba rman:				
Address:	1 Circle Star Way				
	San Carlos, CA 94070				
Director:	Kezuhiko Fujihara				
Address:	1 Circle Star Way				
	San Carios, CA 94070				
Director:	Fumihiro Aono				
Address:	1 Circle Star Way				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	San Carlos, CA 94070				
B. OFFICERS Junichi Miyakawa					
President:					
Address:	San Carlos, CA 94070				
	dai Cartos, CA 54070				
Vice President:					
Address:					
Secretary:					
Address:	1 Circle Star Way, San Carlos, CA 94070				
Treasurer.	Kenta Kitazawa				
Address;	1 Circle Star Way, San Carlos, CA 94070				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
12					
are true a a third de	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes regree felony as provided for in s.817.155, F.S. a Kitazawa, Treasurer				
	(Typed or printed page and capacity of person signing application)				

Delaware

DROP 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "SB U.S. INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTEENTH DAY OF JULY, A.D. 2003, AT 7:26 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF INCORPORATION IS THE SEVENTBENTS DAY OF JULY, A.D. 2003.

CERTIFICATE OF RENEWAL, FILED THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2011, AT 9:30 O'CLOCK A.M.

AND I DO HERBBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "SB U.S. INC.".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

3679950 8310

150309173

You may verify this certificate online at carb, delaware, gov/authver, shtml

Jeffrey W. Bullock, Secretary of State

UTRENTICATION 2167856

DATE: 03-04-15

Delaware

The First State

BEEN FILED TO DATE.

DATE: 03-04-15