

F/5000001709

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)205-8842
Fax Number : (850)878-5368

Please return original filing date of submission 4/20

****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

Arm, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	056
Estimated Charge	\$87.50

2 04/23/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 20 AM 9:05

Electronic Filing Menu

Corporate Filing Menu

Help

4/22/2015 3:10:54 PM From: To: 8506176381(2/6)



April 21, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ARM, INC.
REF: W15000027766

RE-SUBMIT

Please retain original filing
date of submission 4/20

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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L06000097566 (ARM LLC).

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

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: E15000095772
Letter Number: 215A00007931

RECEIVED
15 APR 22 PM 3:46

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ARM, Inc.

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:

Robert Manning

Name of Person

ARM, Inc.

Firm/Company

150 Rose Orchard Way

Address

San Jose, CA 95134-1358

City/State and Zip code

robert.manning@arm.com

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

For further information concerning this matter, please call:

Robert Manning

Name of Person

at (**408**) **576-1319**

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

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. ARM, Inc.

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

A Delaware Company ARM, Inc

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

2. DE

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

3. 98-0443443

(FEI number, if applicable)

4. 2004/08/11

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 150 Rose Orchard Way, San Jose, CA 95134-1358

(Principal office address)

150 Rose Orchard Way, San Jose, CA 95134-1358

(Current mailing address)

8. 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

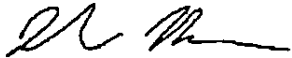
(City)

Florida 33324

(Zip code)

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.



Jordan Brown, Assistant Secretary
CT Corporation System

(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.

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

A. DIRECTORS

Chairman: Simon Segars
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

Vice Chairman: Catherine Tan
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

Director: Tom Lantzsch
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

Director: _____
Address: _____

B. OFFICERS

President: Simon Segars
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

Vice President: Simon Segars
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

Secretary: Catherine Tan
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

Treasurer: Catherine Tan
Address: 150 Rose Orchard Way, San Jose, CA 95134-1358

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

12. _____
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. Catherine Tan, Secretary
(Typed or printed name and capacity of person signing application)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2015.


15 APR 20 AM 9:05
SECRETARY OF STATE
DIVISION OF CORPORATION



3841341 8300

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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2294912

DATE: 04-16-15