

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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:					
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FOREIGN PROFIT/NONPROFIT CORPORATION

Lenovo Connect (United States) Inc.

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

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Lenovo Connect	(United States) Inc.			
		a - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corporate to the corporate of the corpor	'Certificate of Good Sta	nding" and check are sub		
Please return all corresponden	ce concerning this matte	r to the following:		
Karen Jones, N	A Indirect Tax Mana	nger		
	Name of	Person		
Lenovo Conne	ct (United States) Ir	IC		
	Firm/Cor	npany		
1009 Think Pla	ace			
Address				6
Morrisville, N				
	City/State	and Zip code		8 SE
karenjon@lenovo.com		C	(iff-ation)	
b-n	nail address: (to be used	for future annual report	nouncation)	9 7
For further information concer	ming this matter, please	call:		-to 3
Karen Jones	at (919	257-5100		<i>j</i> ⁽²⁾
Name of Person	Area Co	de Daytime Telep	hone Number	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassec, FL 3230	ons r Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a check for the fol	lowing amount:			
	78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Centified Copy	\$87.50 Filing Certificate of Certified Cop	l'Status &

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.

2. Delaware (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) 4. 11/07/2016 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hisbility) 7. 1009 Think Place, Morrisville, NC 27560 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation (City) 7. 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	[#] Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION," adopted for the purpose of transacting business in Flo	rida)	
4. 11/07/2016 5. Perpetual (Date of incorporation) (Date of duration, if other than 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. 1009 Think Place, Morrisville, NC 27560 (Principal office address) same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (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	2. Delaware	3.	81-4361376		
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duties, and I am familiar with and accept the obligations of my position as registered agent. C.T. Corporation System	Having been nam designated in this further agree to co	ed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes i amiliar with and accept the obligations of	ment as registered agent and agree to act in this relative to the proper and complete performanc	s capacity. I	I
B. Nathan Giffin Nathan Giffin, Assistant Secretary		•	diffin Assistant Caspatany		

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS SEE ATTACHMENT		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
	8	
B. OFFICERS	دے	#55m
President Kun Cranor	্র ফ	
Address: 1009 Think Place	<u> </u>	23.5
Morrisville, NC 27560		
Vice President: John Stanley		
Address: 1009 Think Place		
Morrisville, NC 27560		
Sceretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.	
12. Kut (runn Signature of Director or Officer		
The officer or director signing this document (and who is listed in number 11 above) affirms that the facture and that he or she is aware that false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.		
a since defined raining and provided for in and this pay, the		

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

13. Kurt Cranor, President

Attachment to Florida Officers & Directors

Full Name:

ł

Kurt Cranor Officer, Director

Officer/Director:
Officer's Title:

President

Director's Title:

Director

Business Address:

1009 Think Place

City:

Morrisville

State:

NC

ZIP Code:

27560

Full Name:

John Stanley

Officer/Director:

Officer, Director

Omeen Director:

Vice President

Officer's Title:
Director's Title:

Director

Business Address:

1009 Think Place

Morrisville

City: State:

NC

ZIP Code:

27560

Full Name:

Thomas S Ottman

Officer/Director:

Director

Officer's Title:

Director's Title:

Director

Business Address:

1009 Think Place

City:

Morrisville

State:

NC

ZIP Code:

27560

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LENOVO CONNECT (UNITED STATES) 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 SECOND DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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

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SR# 20166892377

Authentication: 203439856

Date: 12-02-16