

9/29/2017

Division of Corporations

F1700004388

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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

Toshiba Memory America, Inc.

Certificate of Status		0
Certified Copy		0
Page Count		04
Estimated Charge		\$70.00

2017 SEP 29 AM 11:15

TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS
17 SEP 29 AM 10:28

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O. SIMMONS

OCT 02 2017

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

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

3. (FEI number, if applicable)

4. 05/31/2017
(Date of incorporation)

5. PERPETUAL
(Date of duration, if other than 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. 2610 ORCHARD PARKWAY, SAN JOSE, CA 95134
(Principal office address)

(Current mailing address, if different)

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, Florida 33324
(City) (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.

CT Corporation System

BY: Carolee Dykstra
(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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DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: NAOHISA SANO, CEO

Address: 9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618

Director: _____

Address: _____

B. OFFICERS

President: NAOHISA SANO, CEO

Address: 9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618

Vice President: _____

Address: _____

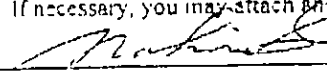
Secretary: TAKANORI NAKAZAWA

Address: 9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618

Treasurer: _____

Address: _____

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 11 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. Naohisa Sano, Chief Executive Officer

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

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DIVISION OF C.R.

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TOSHIBA MEMORY AMERICA, INC.

FILE NUMBER: C4029269
FORMATION DATE: 05/31/2017
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 August 30, 2017.

ALEX PADILLA
Secretary of State