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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H170002585183ABC2

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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)694-1633

\*\*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

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

	ecanteo d	INTEORIDA	
N COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA S EIGN CORPORATION TO TRANSACT	STATUTES. THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	
тозніва мем	IORY AMERICA, INC.		
(Enter name of co	orperation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
		:	
(If name unavails	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
CALIFORNIA	3		
(State or country 05/31/2017	y under the law of which it is incorporated)  5	(FEI number, if applicable) PERPETUAL	
4. (Date	of incorporation)	(Date of duration, if other than perpetual)	
6	(SEE SECTIONS 607.1501 & 607. PARKWAY, SAN JOSE, CA 95134	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) ipal office address)	17 SEP
	(177300	ipal office address)	· -
		(C) 14 or (Cd(Count)	29
	(Current mai	ling address, if different)	29 H
S. Name and stres	et address of Florida registered agent: (P	O. Box NOT acceptable)	29 AHIO: 24
Name:	C T Corporation System		E.F
Office Address:	1200 South Pine Island Road		
	Plantation,	, Florida <u>33324</u>	
	(City)	(Zip code)	
Having been nan designated in this	the state of the season of the deposition of the season of	rvice of process for the above stated corporation at the nument as registered agent and agree to act in this cape is relative to the proper and complete performance of a figure position as registered agent.	
	CT Corporation System		
BY:	Candus oft	d agent's signature)	
-	(Registere	d agent's signatura)	
10. Attached is a	certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of this applic	ation to sdiction

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:

Chairman:  Address:  Director:  MAOHISA SANO, CEO  97-0 IRVINE BLVD., SUITE D700, IRVINE, CA 9261R  Director:  Address:  B. OFFICERS  NAOHISA SANO, CEO  President  97-0 IRVINE BLVD., SUITE D700, IRVINE, CA 9261R  Address:  TAKANORI NAXAZAWA  Secretary:  97-0 IRVINE BLVD., SUITE D700, IRVINE, CA 9261B  TO RESIDENT  To Signature of Director or Officer  Tree officer or director signing this document (and who is littled in number 11 above) affirms that the forests stated harein are true and that he or site is aware that false information submitted in a document to the Department of State constitutes a livid degree foliony as provided for in s.817.155, F.S.  To Notice Feccutive Officer  (Typed or printed name and cepacity of person signing application)	A. DIRECTORS	
View Chairman:  Address:  MAOHISA SANO, CEO  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 9261R  Address:  R. OFFICERS  NAOHISA SANO, CEO  President:  9740 IRVINE BLVD., SLITE D700, IRVINE, CA 92618  Address:  Vice President:  Address:  TAKANORI NAKAZAWA  9740 IRVINE BLVD., SLITE D700, IRVINE, CA 92618  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach preddendum 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 foliony as provided for in a 8 17.155, F.S.  Naohiss Sano, Chief Executive Officer	Chairman:	
Address:  MAOHISA SANO, CEO  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Director:  Address:  B. OFFICERS NAOHISA SANO, CEO  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Address:  TAKANORI NAXAZAWA  Secretary:  740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  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 follows as provided for in s.817.155, F.S. Neohise Sano, Chief Execution Officer	Address:	
Address:  MAOHISA SANO, CEO  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Director:  Address:  B. OFFICERS NAOHISA SANO, CEO  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Address:  TAKANORI NAXAZAWA  Secretary:  740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  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 follows as provided for in s.817.155, F.S. Neohise Sano, Chief Execution Officer		
Director:  Address:  Director:  Address:  B. OFFICERS  MADHISA SANO, CEO  Presidenc:  97-0 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Address:  NORISA SANO, CEO  97-0 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Vice Presidenc:  Address:  TAKANORI NAKAZAWA  97-0 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Vice Presidenc:  Address:  NOTE: If necessary, you inavisttach phieddendum 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.  Neohits Sano, Chief Executive Officer	Vice Chairman:	
Director:  Address:  B. OFFICERS  President:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  President:  1740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Vice Presidant:  Address:  TAKANORI NAXAZAWA  Secretary:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Tossurer:  Address:  Treasurer:  Address:  NOTE: If necessary, you may attach presidendum 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 fixed 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 firit degree felony as provided for in s.817.155, F.S.  Newhits Sano, Chief Executive Officer	Address:	
Director: Address:  B. OFFICERS President:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  ROPFICERS President:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Vice Presidant: Address:  TAKANORI NAKAZAWA Secretary:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Toessurer: Address:  Treasurer: Address:  NOTE: If necessary, you may attach presidendum 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 firit degree felony as provided for in s.817.155, F.S. Neohies Sano, Chief Executive Officer		
Director:  Address:  B. OFFICERS  NAOHISA SANO, CEO  President:  97-60 IRVINE BL.VD., SUITE D700, IRVINE, CA 92618  Address:  TAKANORI NAKAZAWA  Secretary:  97-40 IRVINE BL.VD., 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 folony as provided for in s.817.155, F.S. Noohies Sano, Chief Executive Officer	Director:	
B. OFFICERS  President:  9740 IRVINE BLVD., SUITE D700, IRVINE. CA 92618  Address:  TAKANORI NAXAZAWA  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Address:  Treasurer:  Address:  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 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.  Naohisa Sano, Chief Executive Officer		SLK
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B. OFFICERS  NAOHISA SANO, CEO  President:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92018  Vice President:  Address:  TAKANORI NAKAZAWA  Secretary:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92018  Address:  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.  Neohise Sano, Chief Executive Officer	Director:	¥ <b>3</b>
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B. OFFICERS  President:  MACHISA SANO, CEO  President:  Address:  TAKANORI NAKAZAWA  Secretary:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92018  Address:  Treasurer:  Address:  NOTE: If necessary, you may steach 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.  Neohisa Sano, Chief Executive Officer		9 P
President:  Address:  TAKANORI NAKAZAWA  Secretary:  9740 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Address:  TOWNS BLVD., SUITE D700, IRVINE, CA 92618  Address:  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.  Naohisa Sano, Chief Executive Officer	· · · ·	l c l
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TAKANORI NAKAZAWA  Secretary:  9746 IRVINE BLVD., SUITE D700, IRVINE, CA 92618  Address:  Treasurer:  Address:  NOTE: If necessary, you inavisation brieddendum 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 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 follows a provided for in s.817.155, F.S.  Nachisa Sano, Chief Executive Officer	Vice President:	
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Neohisa Sano, Chief Executive Officer  (Typed or printed name and capacity of person signing application)	are true and that he or she is aware that false information s a third degree folony as provided for in s.817.155, F.S.	submitted in a document to the Department of State constitutes
	13. Neohisa Sano, Chief executive Officer  (Typed or printed name and capacity)	Lity of person signing application)

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TOSHIBA MEMORY AMERICA, INC.

FILE NUMBER:

C4029259

FORMATION DATE:

05/31/2017 | DOMESTIC CORPORATION .

TYPE: JURISDICTIÓN:

CALIFORNIA

STATUS:

ACTIVE (GCOD 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