F17000004906

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
· -		

Office Use Only



900305241119

11/02/17--01006--003 **70.00

NOV 0 2 2017
Y SULKER

C 0	ORPORAT	
	INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
		WALK IN PICK UP: 11/01/17
	CERTIFI	ED COPY
\boxtimes	РНОТОС	ОРУ
	CUS	
\square	FILING	Foreign
	SHMAN (CORPORATE NA	O NORTH AMERICA HOLDING, INC.
	(CORPORATE NA	ME AND DOCUMENT #)
	(CORPORATE NA	ME AND DOCUMENT #)
	(CORPORATE NA	ME AND DOCUMENT #)
	(CORPORATE NA	ME AND DOCUMENT #)
	(CORPORATE NA	ME AND DOCUMENT #)
ECIA TRU	L CTIONS:	

COVER LETTER

TO:	Registration Division of C					
CEUDI	SHIMA	ANO NORTH AME	RICA HOLE	DING, IN	C .	
SUBJ	EC1:	Nam	e of corpora	tion - m	ist include suffix	
Dear S	ir or Madam:					
"Certif	ficate of Existe		ite of Good	Standing	" and check are su	act Business in Florida," bmitted to register the
	return all corre	espondence conce	ming this m	atter to t	ne following:	
			Name	of Perso	 on	
Registe	ered Agent Solut	ions, Inc.				
			Firm/C	Company	,	
1701 D	irectors Blvd. S	uite 300				
			A	ddress		
Austin,	TX 78744					
			City/Sta	te and Zi	p code	· · · · · · · · · · · · · · · · · · ·
orders@	@rasi.com					
_		E-mail addre	ss: (to be us	ed for fu	ture annual report	notification)
For fur	ther informatio	on concerning this	matter, plea	se cail:		
Candic	e Callins		888 at (7	05-7274	
_	Name of Pers	son	Area (Code	Daytime Telep	phone Number
	Registration S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	orporations ng ve Center Circle °L 32301			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
	ed is a check fo	r the following an \$78.75 Fili Certificate	ng Fee &		.75 Filing Fee & tified 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
CALIFORNIA	able in Florida, enter alternate corporate name ac		
(State or countr 10/31/1986 4.		(FEI number, if applied	1
	of incorporation)	(Date of duration, if other tha	n perpetual)
_	(Date first transacted business in SEE SECTIONS 607.1501 & 607.1500), IRVINE, CA 92618	2, F.S., to determine penalty liability)	
	(Principa	office address)	"
		address, if different)	7 /0
l. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Registered Agent Solutions, Inc.	Box <u>NOT</u> acceptable)	Δ±
Office Address:	155 Office Plaza Dr., Suite A	<u> </u>	. (.) ; 6 h :
		, Florida	
	(City)	(Zip code)	
Having been nam lesignated in this lurther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rea amiliar with and accept the obligations of	nt as registered agent and agree ative to the proper and complete	to act in this capacity.
_	allow of Adam	Saldana, Ast. S	Collebory "

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:		
A. DIRECTORS		
See Attached Chairman:		;
Address:		
Vice Chairman:		
Address:		<u> </u>
Director:		
Address:		
Director:		
Address:		
		İ
B. OFFICERS		
See Attached		VON.
President:	•••	
Address:		7-
	•	<u>τ</u> φο
Vice President:	1.	9
Address:		
Secretary:		ĺ
Address:		j
reasurer:		
Address:		<u></u> _
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or direct	ors.
2. Ja France Signature of Director or Officer		
re true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	firms that the facts sta	ated herein constitutes
3. James LaFrance, EVP, COO & Secretary		
(Typed or printed name and capacity of person signing applica	tion)	

SHIMANO NORTH AMERICA HOLDING, INC

Officer & Board of Directors List

Board of Directors:

David Pfeiffer - One Holland, Irvine, CA 92618

Hiroshi Matsui - One Holland, Irvine, CA 92618

Masahiro Fabio Takayanagi - One Holland, Irvine, CA 92618

Masato Miyachi - One Holland, Irvine, CA 92618

Officers:

Hiroshi Matsui - President - One Holland, Irvine, CA 92618

James LaFrance – Executive Vice President/Chief Operation Officer/Secretary - One Holland, Irvine, CA 92618

Gerriet O'Neill - Chief Financial Officer - One Holland, Irvine, CA 92618

6.7:3 174

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SHIMANO NORTH AMERICA HOLDING, INC.

FILE NUMBER:

C1390463

FORMATION DATE:

10/31/1986

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 Cofficients.

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 October 27, 2017.

ALEX PADILLA
Secretary of State