F17000005207

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
W17-91552 Penalty					
Office Use Only					



700304456657

2017 NOV 15 AN IO: 10
SECRE LARY OF STATE
SECRE LARY OF STATE

K. SALY NOV 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 915540 7313776

AUTHORIZATION :

COST LIMIT : \$ 78.75)

ORDER DATE: November 15, 2017

ORDER TIME : 8:52 AM

ORDER NO. : 915540-005

CUSTOMER NO: 7313776

FOREIGN FILINGS

NAME: MULTIQUIP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2017

CSC / ROXANNE TURNER

SUBJECT: MULTIQUIP INC Ref. Number: W17000091552 RESUBMIT

Please give original submission date as file date



We have received your document for MULTIQUIP INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$2450.00.

The total amount due is \$2528.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00023245

COVER LETTER

TO:	O: Registration Section Division of Corporations					
	MULTIQ					
SUBJ	ЕСТ:		,		···-	
		Name of corporati	on - mus	t include suffix		
Dear S	Sir or Madam:					
"Certi:	ficate of Existence,	n by Foreign Corporation f 'or "Certificate of Good S corporation to transact bus	tanding"	and check are sub		
	return all correspon FREDERICK	ndence concerning this mat	ter to the	e following:		
		Name	of Persor	1		
MUL1	CIQUIP INC					
-		Firm/Co	ompany			
18910	WILMINGTON AV	E				
		Ad	dress			
CARS	ON, CA 90746					
		City/State	e and Zip	code		
tax@n	nultiquip.com					
		E-mail address: (to be use	d for fut	ure annual report	notification)	
For fu	rther information co	oncerning this matter, pleas	e call:			
		40	400-1310			
	Name of Person	at (Area C	ode	Daytime Telep	hone Number	
	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Corpo Tallahassee, FL	enter Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclos	sed is a check for th	e following amount:				
☐ \$70	0.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified 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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in F	
CALIFORNIA		95-2874203	
10/25/1973		(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual	<u> </u>
1/1/2017	or moorpordiness)	(2000)	.,
18910 WILMING	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) (DATE: CARSON, CA 90746)	02, F.S., to determine penalty liability)	
· · · · · · · · · · · · · · · · · · ·	GTON AVE, CARSON, CA 90746 (Principal)	al office address)	
		₩	29.17 St.
	(Current mailing	g address, if different)	6 S
		7. 7.	2011 NOV 15 AN IO: 11
Name and street	et address of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	Corporation Service Company	<u> </u>	FL 51
ffice Address:	1201 Hays Street		
mee namess.	Tallahassee	32301	72
	(City)	(Zip code)	
aving been nam esignated in this orther agree to c	(City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	ce of process for the above stated corporation tent as registered agent and agree to act in the clative to the proper and complete performa	his capacity.

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:		FILED
A. DIR	ECTORS	2017 NOV 1:5 AM 10: 11
Chairman	Tomoyuki Yasuda	ZULL MOY 1:5 AN IO.
Address:	18910 Wilmington Ave	SECRETARY OF SEL
	Carson, CA 90746	SECRETARY OF STATE FALLAHASSEE, FLORIDA
Vice Cha	irman:	
Address:		
	Yoshihiro Nishizawa	
	5-1, Kita-Aoyama 2-chome	
	Minato-ku, Tokyo 107-8077, Japan	
Director:	Satoshi Watanabe	
Address:	1251 Avenue of the Americas	
	New York, NY 10020	
B. OFF	ICERS	
President:	Robert J. Graydon	
	18910 Wilmington Ave	
	Carson, CA 90746	
Vice Presi	James S. Henehan ident:	
	18910 Wilmington Ave	<u>-</u>
	Carson, CA 90746	
Secretary:	James S. Henehan	
Address:	18910 Wilmington Ave, Carson, CA 90746	
Treasurer:	Satoshi Watanabe	
Address:	1251 Avenue of the Americas, New York, NY 10020	
NOTE 12.	If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to gree felony as provided for in s.817.155, F.S.	
13. <u>Jame</u>	s S. Henehan, Sr. Vice-President and CFO	
	(Typed or printed name and capacity of person signing appli	ication)

State of California Secretary of State

CERTIFICATE OF STATUS

FILED

2017 NOV 1.5 AM 10: 11

SEUNCIARY OF STATE
TALL AHASSEE, FLORIDA

ENTITY NAME:

MULTIQUIP INC.

FILE NUMBER:

C0692030

FORMATION DATE:

10/25/1973

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 September 21, 2017.

ALEX PADILLA
Secretary of State