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To:	Page 2 of 6		2 -08		74	1212 23572	Kimberly Laughrey
	8/27/2018			dn ciarpora	tic		

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	CRE
	Fax Number : (858)617-6383	G 2
From:		SER
	Account Name : C T CORPORATION SYSTEM	ing R
	Account Number : FCA000000023	10 00
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	ORI -
		0 - <b>0</b>

\*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 America Client Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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2018-08-27 11:57:05 CST

12122023573 From: Kimberly Laughrey

;

### 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.

 Toshiba America Client Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

41

2.	Delaware		3.	83-1377451			
	(State or country	y under the law of which it is incorporated	)	(FEI number, if applicat	ole)	—	
4.	07/26/2018		5.	Perpetual			
	(Date	of incorporation)		(Date of duration, if other than p		•	
б.	Upon Qualificat	ion			INT SE		
7	5241 California A	• • •		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	CRE LAH	MIC 21	FIL
÷.,			inci	pal office address)			m
	same				E S	F	O
		(Current m	aili	ng address, if different)		81.8	
8.	Name and stree	address of Florida registered agent:	(P.)	O. Box <u>NQT</u> acceptable)	•		
	Name:	C T Corporation System					
0	ffice Address:	1200 South Pine Island Road					
		Plantation		, Florida <u>33324</u>			
		(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.

Alfred Younan C T Corporation System Assistant Secretary (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.

- .

11 Na	nes and	business.	addresses	of	officers	and/or	directors:
-------	---------	-----------	-----------	----	----------	--------	------------

## A. DIRECTORS SEE ATTACHMENT

Chairman	
Address:	
Vice Chai	ппал:
Address:	
Director:	ALLO T
	ARE CONTRACT
Address,	SSR 21
	Te 3 T
Director:	
Address:	
B. OFF	ICERS
President	Mark Simons
Address:	5241 California Avenue, Suite 100
	Irvine, CA 92617
Vice Pres	ident:
Address:	
Secretary	Mark Simons
	5241 California Avenue, Suite 100, Irvine, CA 92617
	Mark Simons
	5241 California Avenue, Suite 100, Irvine, CA 92617
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	If necessary, you may attach an addentium to the approximation insting additional others and of directors. $M_{a,l} = \frac{8}{24/18}$
12	Malan 8/24/18 Signature of Director or Officer
are true	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.

13. Mark Simons, President

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



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# 2018-08-27 11.57 05 CST

### Attachment to Florida Officers & Directors

1 Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: Mark Simons Officer, Director President, Secretary, Treasurer, CFO Director 5241 California Avenue, Suite 100 Irvine CA 92617 • •



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOSHIBA AMERICA CLIENT SOLUTIONS, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.

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



6990882 8300

SR# 20186364107 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203315588 Date: 08-27-18