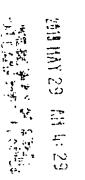
F1900002487

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAI	L					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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TO MAY 29 AM IO: 5

Z BROWN MAY 3 0 2019 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 780925 8254896

AUTHORIZATION : Smill Cons

COST LIMIT : \$ \(\forall 0\) \(\forall 0\)

ORDER DATE: May 24, 2019

ORDER TIME : 9:12 AM

ORDER NO. : 780925-005

CUSTOMER NO: 8254896

FOREIGN FILINGS

NAME: SB GROUP US, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATION OF COOR CERTIFICATION OF COORD CERTIFICATION OF COORD

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	SB Group US, Inc.			
5020		Name of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by For icate of Existence," or "Ce referenced foreign corporat	rtificate of Good Star	iding" and check are su	act Business in Florida," bmitted to register the
Please Pilar C	return all correspondence c	oncerning this matte	r to the following:	
	· · · ·	Name of	Person	
SB Gro	oup US, Inc.			
1 Circle	e Star Way, 4th Floor	Firm/Con	npany	
		Addr	ess	
San Ca	rlos, CA 94070			
sbgi-leg	gal@softbank.com	City/State a	nd Zip code	
	E-mail	address: (to be used	for future annual report	notification)
For fur	ther information concerning	g this matter, please o	call;	
Pilar Ci	hang	650 at (562-8102	
	Name of Person	Area Cod	e Daytime Teler	phone Number
	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Taliahassee, FL 32301	rcle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclose	ed is a check for the following	ng amount:		
□ \$70	-	5 Filing Fee & ficate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(If name unqueil	oble in Florida, enter alternate agreement normal	adament for the	Luis Elecide
Delaware	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Piorida)
July 23, 2014	3. ry under the law of which it is incorporated)	(FEI number, if app	- -
(Date of incorporation) May 1, 2019		(Date of duration, if other	than perpetual)
 N/A	(Princip	al office address)	no con
	(Current mailin	g address, if different)	HAY 29
. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	17.
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		THE POPULATION OF THE POPULATI
ritteo riddi caa.			
meo rudiess.	Tallahassee	32301 , Florida	

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.

Corporation Service Company

By: Roxanne Turner

Asst. Vice President

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 Chairman: Vice Chairman: Marcelo Claure Director: 1 Circle Star Way, San Carlos, CA 94070 Address: Robert Townsend Director: 1 Circle Star Way, San Carlos, CA 94070 Address: **B. OFFICERS** Marcelo Claure 1 Circle Star Way, San Carlos, CA 94070 Address: ___ Vice President: Robert Townsend Secretary: 1 Circle Star Way, San Carlos, CA 94070 Address: Treasurer: Address: _____ NOTE: If necessary, you may attach an acciendum 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. Robert Townsend, Secretary

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SB GROUP US, 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-FOURTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SB GROUP US,

INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2014.

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

Authentication: 202898636

Jeffrey W. Bullock, Secretary of State

Date: 05-24-19