# F21000003166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



## **ORDER FORM**

Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850.656.7953

REQUEST DATE 6/9/2021

850-245-6051

**PRIORITY** Regular Approval

OUR REF\_#\_(Order\_ID#)] 924361

ORDER ENTITY\_\_\_\_\_ATAGO U.S.A., INC.

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ATAGO U.S.A., INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, June 9, 2021 Page 1 of 1

## 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.

(Enter name o	f corporation; must include "INCORPORATED."	"COMPANY," "CORPORATION	N,"											
inc., Co.,	"Corp," "Inc," "Co," or "Corp.")													
(If name unave	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)													
2 Washington	_	01 3151763												
(State or country under the law of which it is incorporated) (FEI number, if applicable)  August 9, 2001														
(Da	(Date of incorporation) (Date of duration, if other than perpetual)													
7 14432 SE Easig	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 (ate Way, Suite 450, Bellevue, WA 98007	lorida, if prior to registration) , F.S., to determine penalty liabilit	iy)											
/· <u></u>	(Principal office	street address)												
	(Current mailing a	ddress, if different)	2021											
8. Name and stre	ect address of Florida registered agent: (P.O. E	Box NOT acceptable)												
Name:	Registered Agent Solutions, Inc.	<del></del> .	•											
Office Address:	155 Office Plaza Dr, Suite A	_	7											
	Tallahassee (City)	, Florida 32301 (Zip code)	. 48 											

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.

(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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS	N - la Amamius			
□ Chairman	Yusuke Amamiya Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	14432 SE Eastgate Way, Suite 450	□Director		
President	Bellevuc, WA 98007	□President		
□Vice President		☐ Vice President		
Secretary	Treasurer	Secretary		Treasurer
⊡Other	Other	Other		Other
□ Chairman	Shigeo Amamiya	□Chairman	Name:	
	The Front Tower Shiba Koen	□Vice Chairman	Address:	
□ Vice Chairman	Address:	Director		
<b>■</b> Director	Tokyo 105-0011 Japan	President		
□President				
Vice President		□Vice President		
□ Secretary	☐Treasurer	☐ Secretary		Treasurer
Other	Other	Other		Other
□ Chairman	Hideyuki Amamiya	[]Chairman	Name:	
□Vice Chainnen	The Front Tower Shiba Koen	□Vice Chairman	Address:	
Director	23rd Floor 2-6-3 Shiba-Koen, Minato-k	□Director		
President	Tokyo 105-0011 Japan	President		
□Vice President		□Vice President		
Secretary	☐Treasurer	Secretary		Treasurer
Other	□Other	Other	<del></del>	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The an added to the index when filing your Florida Depart	ment of State Almust Re	ed for reporting	purposes only. Non-indexed
			ast the facts stat	ed herein are true and that he or
The officer or dire she is aware that fas. 817.155, F.S.	ctor signing this document (and who is listed in nun alse information submitted in a document to the Dep	partment of State constitu	utes a third degr	ee felony as provided for in
13 Yusuke Am	amiya, Director			



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

#### ATAGO U.S.A., INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/09/2001.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/09/2021 UBI Number: 602 141 531

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 06/09/2021