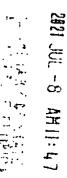
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JUL 14 2021 M. SOLOMON

COVER LETTER

_	stration Section sion of Corporations				
SUBJECT	Toray International America Inc.				
Name of corporation - must include suffix					
Dear Sir or N	∕ladam:				
"Certificate	I "Application by Foreign Corport Existence," or "Certificate of Conced foreign corporation to trans-	Good Standing	" and check are subr		
Please return	all correspondence concerning t	his matter to t	he following:		
Ms. Kyoko F	ıkuyoshi				
		Name of Pers	on		
Toray Interna	tional America Inc.				
		Firm/Compan	y	-	
461 5th Aven	ue 9th Floor				
	· · ·	Address			
New York, N	Y 10017				
 	C	ity/State and Z	ip code		
kyoko.fukuyo	shi.e4@mail.toray				
	E-mail address: (to	be used for fi	iture annual report n	otification)	
For further in	nformation concerning this matte	r, please call:			
Kyoko Fukuy	oshi at (212	Code Daytime Telephone Number		
Nar	ne of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	t check for the following amount heck payable to: FLORIDA DEPA ling Fee \$\sum_{\text{Certificate of St}}\$	RTMENT OF	STATE 8.75 Filing Fee & ertified 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.

(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flori	ida)	
New York 3.		14-1806251		
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)		
6/23/1998		Perpetual 5.		
(Date of incorporation)		(Date of duration, if other than perpetual)		
8/1/2021				
(1 Est Assumum (•	1502, F.S., to determine penalty liability)		
61 5th Avenue 9	th Floor, New York, NY 10017	ffice street address)		
161 5th Avenue 9	oth Floor, New York, NY 10017 (Principal o	ffice street address)		
61 5th Avenue 9	oth Floor, New York, NY 10017 (Principal o		2821 JUL	
	oth Floor, New York, NY 10017 (Principal o	ffice street address) ling address, if different)	2821 JUL -8	
	Oth Floor, New York, NY 10017 (Principal o	ffice street address) ling address, if different)		
Name and stree	(Principal o (Current mai	ffice street address) ling address, if different)	2821 JUL -8 AH II: 47	
Name and street	(Principal o (Current mai et address of Florida registered agent: (P	ffice street address) ling address, if different)		

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.

Lisa D. DuBois, 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.

A. DIRECTORS						
□Chairman	Ichiro Nishimura Name:	□ Chairman	Name:			
□Vice Chairman	Address: 461 5th Acnue 9th Floor	□Vice Chairman				
□Director	New York, NY 10017	Director	□Director San Mateo, CA 94402			
■ President		□President			_	
□Vice President		■ Vice President				
□Secretary	Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		Other		
□Chairman	Naoki Numata Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	New York, NY 10017	☐ Director	<u></u>			
□President		□President				
□Vice President		□Vice President			- 	
Secretary	□Treasurer	☐ Secretary		☐ Treasurer,		
Other	Other	□Other			 1 1 Q	
□Chairman	Name:	□Chairman □Vice Chairman			5 K	
Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other		□Other		
12	ctor signing this document (and who is listed in	partment of State Annual Re ector or Officer number 11 above) affirms th	port form.	ued herein are true and	that he o	
she is aware that fa	alse information submitted in a document to the l	Department of State constitu	ites a third deg	ree felony as provided	for in	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO. Secretary of State of the State of New York and custodian of the records required by law to be filed i my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of the certificate, the following entity information is reflected:

Entity Name: TORAY INTERNATIONAL AMERICA INC.

DOS ID Number: 2272434

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/23/1998

Statement Status: CURRENT Statement Due Date: 06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 22, 2021 at 02:22 P.M.

Brandon C Hugher

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100000017129 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov