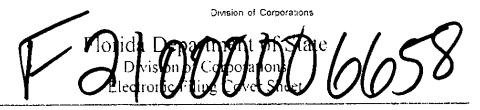
11/18/21, 9:51 AM



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.

(((H210004263423)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number ; (954)208-0845

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

SK hynix NAND Product Solutions Corp

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu — Corporate Filing Menu

Help

Page, 4 of 6

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 of c	D Product Solutions Corp. orporation; must include "INCORPORATED, orp," "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
		adopted for the purpose of transacting business in Florida)	
		86-2384522	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4 02/26/2030	5	Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
5. Upon Qualifica	tion		
	(Date first transacted business)	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
	,		
7, 2091, Gyeongchi	ing-daero, Bubal-eup,, Icheon-si, Gyeonggi- (Princi	eq Korea ipal office address)	
	Ç	-	
Same	(Current baill	ing address, if different)	202
		Control Contro	=
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	8 I AON 1202
Name:	C T Corperation System	<u> </u>	$\frac{\overline{\omega}}{\omega}$
	12005 120 120 120 1		P
	1200 South Pine Island Road		<u>:</u>
Office Address:		O ;	_
Office Address:	Plantation (City)	O. Box NOT acceptable) ARETARY OF STATE Provide 33324 (Zip code)	ı: 22

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.

C T Corporation System

By: /s/ Kathryn A. Widdoes, 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 custedy 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. Dikt.	J.Oka
Chairman.	Jang Wan Noh
Address:	2091, Gyeongchung-daero, Bubal-eup, Icheon-si, Gyeonogi-do, Korea
Vice Chain	nan:
Director:	Jin Hyock Kim
	2091, Gyeongchung-daero, Bubal-eup. Icheon-si, Gyeonggi-do, Korea
Audress	
	Jun Han Kim
	2004 Curangeburg dearn Rubal aug Ichennisi Gyeografi-do Korea
Address:	
_	
B. OFFI	lana Wan Noh
President:	
Address: _	2091, Gyeongchung-daero, Bubal-eup, Icheon-si, Gyeonggi-do. Korea
Vice Presid	lent:
Address: _	
-	
Secretary:	Jin Hyock Kim
Address: _	2091, Gyeongchung-daero, Bubal-eup, Icheon-si, Gyeonggi-do, Korea
Treasurer:	Jun Han Kim
Address: _	2091, Gyeongchung-daero, Bubal-eup, Icheon-si, Gyeonggi-do, Korea
NOTE: I	f necessury, you may attach an addendum to the application listing additional officers and/or directors.
12.	The state of the s
	Signature of Director or Officer
The office are true ar	er 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
a third de	gree felony as provided for in s.817.155, F.S.
13. <u>Jun H</u>	lan Kim. Treasurer
	(Typed or printed name and capacity of person signing application)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SK HYNIX NAND PRODUCT SOLUTIONS CORP."

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 SEVENTEENTH DAY OF NOVEMBER,

A.D. 2021.

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

eat cora delayare gov/authy

Authentication: 204711966

Date: 11-17-21