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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JFE SHOJI AMERICA HOLDINGS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brittany Hansen

		Name	of Person			
Registered Agent Solut	lions, Inc.					
		Firm/C	ompany			
5301 Southwest Parkw	ay, Suite 400					
		Ac	ldress			
Austin, TX 78735						
		City/Stat	e and Zip (code	·	<u> </u>
legalandtax@jfeshoji.co	om		-			
	E-mail address:	(to be use	d for futur	e annual report	1 notification)	
For further informatio		888		7274		
Name of Pers		Area Co)		phone Number	
Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810	:		MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	
Enclosed is a check for Please make check payab	the following amou the to: FLORIDA DEE	nt: PARTMEN	T OF STA	TE		
S70.00 Filing Fee	\$78.75 Filing Certificate of	Fee &	□ \$78.75	Filing Fee & ed Copy	\$87.50 Filing Fee Certificate of Sta 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.

JFE SHOJI AMERICA HOLDINGS INC. 1.

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

Delaware	ء 8	4-2757527	
(State or count	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)
8/16/2019	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
<u> </u>			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2. F.S., to determine penalty liabil	ity)
301 OCEAN BI	VD., SUITE 1750, LONG BEACH, CA 90802	, ,	,
<u> </u>	(Principal office	street address)	
	(Current mailing ;	address, if different)	··
Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT acceptable</u>)	
Name:	Registered Agent Solutions, Inc.		
	155 Office Plaza Dr. Suite A		2622
ice Address:	— // 1	, Florida	
fice Address:	Tallahassee		
ice Address:	(City)	(Zip code)	

and I am familiar with and accept the obligations of my position as registered agent. aclyn Wright, Asst. 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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A.	DI	R	EC	то	RS
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□Chairman □Vice Chairman ■Director ■President	Junji Yamada Name:	Chairman Vice Chairman Director	Tomoya Shiraishi Name:
□Vice President □Secretary		□Vice President	
Other	Other	Secretary	OTreasurer Other
Chairman	Hideki Matsumoto	Chairman	Hiroshi Hayasaka Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	SUITE 1750	Director	Chiyoda-ku Tokyo 100-0004
President	LONG BEACH , CA 90802	□President	
□Vice President		□Vice President	
Secretary		Secretary	Treasurer
COO Other	Other	Other	[] Other
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President			
□Vice President		□Vice President	
G Secretary	Treasurer		Treasurer
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

14 12. _ N

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.

13. Tomoya Shiraishi, Secretary



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JFE SHOJI AMERICA HOLDINGS 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 FOURTEENTH DAY OF JUNE, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JFE SHOJI AMERICA HOLDINGS INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2019.

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



Authentication: 203671314 Date: 06-14-22

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SR# 20222713588 You may verify this certificate online at corp.delaware.gov/authver.shtml