

F22000000453:

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

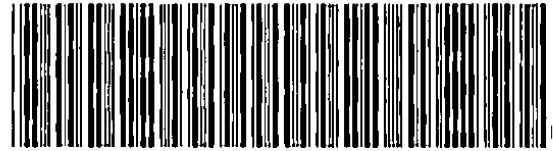
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 JUL 13 AM 8:15 2022 JUL 20 AM 11:37

MAILED JUL 13 2022 ALLAHABAD, INDIA

S. ROBERTS

JUL 13 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 800381 4810075

AUTHORIZATION

COST LIMIT : \$ 237.50

*charge whatever
is needed*

ORDER DATE : July 12, 2022

ORDER TIME : 8:48 AM

ORDER NO. : 800381-005

CUSTOMER NO: 4810075

FOREIGN FILINGS

NAME: NIKKO AM AMERICAS HOLDING CO.,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nikko AM Americas Holding Co., Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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:

Accounting Department

Name of Person

Nikko AM Americas Holding Co., Inc.

Firm/Company

605 3rd Ave 38th Floor

Address

New York, NY 10158

City/State and Zip code

USAccounting@nikkoam.com and USLegal@nikkoam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Roberts

at (347) 510-7063

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

1. Nikko AM Americas Holding Co., Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

3. 133940718

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. April 9, 1997

5. Perpetual

(Date of incorporation)

(Date of duration, if other than perpetual)

6. 11/01/2021

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 605 3rd Ave 38th floor, New York, NY 10158

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

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, 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:

Eyleima Baker
Assistant Vice President

(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. DIRECTORS

☐Chairman Name: Armand Aponte
☐Vice Chairman Address: 605 3rd Ave 38th Floor
☐Director New York, NY 10158
☐President _____
☐Vice President _____
☒Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Kiyotaka Ryu
☐Vice Chairman Address: 605 3rd Ave 38th Floor
☒Director New York, NY 10158
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Lawrence Prager
☐Vice Chairman Address: 605 3rd Ave 38th Floor
☒Director New York, NY 10158
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: Satoshi Suto
☐Vice Chairman Address: 605 3rd Ave 38th Floor
☐Director New York, NY 10158
☐President _____
☐Vice President _____
☐Secretary ☒Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐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.

12. Lawrence S Prager
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/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. Lawrence Prager, Director
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIKKO AM AMERICAS HOLDING CO., 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 TWELFTH DAY OF JULY, 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 "NIKKO AM AMERICAS HOLDING CO., INC." WAS INCORPORATED ON THE NINTH DAY OF APRIL, A.D. 1997.

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




Jeffrey W. Bullock, Secretary of State

2738543 8300

SR# 20222966807

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

Authentication: 203895187

Date: 07-12-22