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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (954)208-0845 Fax Number: (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FOREIGN PROFIT/NONPROFIT CORPORATION Tokai Denpun USA, Inc.

Certificate of Status	0
Certified Copy	1
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Help

From: Kaity Toon

To:

# 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.

Tokai Denpun U					
	orporation; must include "INCORPORATED." "  orp.," "Inc.," "Co.," or "Corp.")	COMPAN	Y," "CORPORATIO!	N,"	
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for th	e purpose of transactir	ng business in Florida)	
Washington	hington 3		1-1548982		
(State or country	under the law of which it is incorporated)		(FEI number, if ap	oplicable)	
2/10/1992	5				
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
9/1/2022					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if pr	ior to registration) etermine penalty liabil	ity)	
5401 West Kenne	dy Blvd, Suite 100, office #114				
<del></del>	(Principal office	street add	ress)		
Tampa, FL 33609					
	(Current mailing a	iddress, if e	lifferent)		
. Name and stree	a address of Florida registered agent: (P.O. I	3ox <u>NOT</u>	_acceptable)	<b>~</b>	
Name:	C T Corporation System			022 TS	
Hice Address:	1200 South Pine Island Road			SEP .	
	Plantation	FL	33324	9	
	(City)	<del></del> `	(Zip code)		
				; , <b>cb</b>	
. Registered age	ent's acceptance: wed as registered agent and to accept service	of proces	s for the above state	ed corporation at the place	
esignated in this arther agree to c	ea as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rela- with and accept the obligations of my posit	nt as regi: itive to th	stered agent and agi e proper and comple	ree to act in this capacity	
•	0.770	0	$\cap \cap \mathcal{R}$		
	C.T Corporation System Lisa DuBois, Assistant Secretary (	Zysi		_	
	(Registered agent's sign	ature)			

<sup>10.</sup> 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]:

19548277645

The Management of	Sojiro Sukigara Name:	□ Chairman	Yuji Oda Name:
□ Chairman	12835 Bel-Red Rd Suite 135		12835 Bel-Red Rd Suite 135
□Vice Chairman	Address:Bellevue, WA 98005	□ Vice Chairman	Address:
□Director	Defected, 1777 yanto	□Director	
□President	4	TiPresident	
□ Vice President		∃Vice President	
□Secretary	Cl Treasurer	<b>B</b> Secretary	<b>E</b> Treasurer
■Other	□Other	□Other	□()ther
	Tatsuya Otsuki		
☐ Chairman	Name: 12835 Bel-Red Rd Suite 135	### Chairman	Name:
Ti Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Bellevue, WA 98005	□Director	
	24-15 Tenmacho Aoi-ku	□President	
□Vice President	Shizuoka, 420-0858 Japan	□ Vice President	
□Secretary	□Treasurer	□Secretary	☐ Treasurer
□Other	UOther	□Other	\tag{\text{\tin}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\text{\text{\text{\text{\text{\texi}\text{\text{\tex{\texi}\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\tet{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\ti
□Chairman	Name:	∐Chairman	Name:
	Address:		Address:
	<del></del> -	_	
Director		□Director	
<b>Il</b> President		J1President	
□ Vice President		TiVice President	
□Secretary	[]Treasurer	□Secretary	□Treasurer
	Other	□Other	□Other

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 \$.817.155, F.S.

# The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

### TOKAI DENPUN USA, 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 02/10/1992.

**L 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.

1 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.

IssuedDate: 09/15/2022 UBINumber: 601 369 537

STATE

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

tu R Hobbie

Steve R. Hobbs, Secretary of State

DateIssued: 09/15/2022