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6/9/2023

NAME: AUTEC, INC.

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration So Division of Co			
SUBJ	IECT:		AUTEC, IN	IC.
30170		Name of	corporation	- must include suffix
Dear S	Sir or Madam:			
"Certi	ficate of Existent		f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return all corres	pondence concerning	g this matter	to the following:
		М	ASAYUKI N	MATSUMURA
			Name of	Person
			AUTE	C, INC
			Firm/Com	ipany
		3832 Г	DEL AMO BI	LVD., UNIT 602
			Addre	ess
		TORR	ANCE, CA 9	0501
			City/State a	nd Zip code
			ıki@autecusa	
		E-mail address:	(to be used f	for future annual report notification)
For fu	rther information	concerning this mat	ter, please o	all:
Masay	ruki Matsumura	а	310	755-0412
Name of Person		Area Cod	e 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
Please		the following amounts to: FLORIDA DEI \$78.75 Filing Certificate of	ARTMENT Fee &	**COF STATE ■ \$78.75 Filing Fee &

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	·	adopted for the purpose of transacting busines	is in Florida)	
	DELAWARE ry under the law of which it is incorporated)	33-0911734		_
	<u>03/23/2000</u> 5.	N/A (Date of duration, if other than perp		
(Date	e of incorporation)	(Date of duration, if other than perpe	etual)	
	NONE			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	1029 SPRING LANDING DR., W	INTER GARDEN, FL 34787		
	(Principal off	ice <u>street</u> address)		. ,
	3883 DEL AMO BLVD., UNIT 60)2, TORRANCE, CA 90501	20	
	(Current maili	ng address, if different)	173	
. Name and stre	et address of Florida registered agent: (P.G	O. Box <u>NOT acceptable)</u>	2023 JUN - 9	_ i > ·
	Paracorp Incorporated			
Nama-	155 Office Plaza Drive, 1st Floor		AH 9:	• •
Name: Mice Address:		, Florida 32301 &		
	Tallahassee	, Florida ³²³⁰¹	α	
	Tallahassee (City)	. Florida 32301 (Zip code)	œ	
office Address: Registered aglaving been nan esignated in this arther agree to contributher agree to contribute the contribution agree to contribute the contribution agree to contribute the contribution agree to contribute the	ent's acceptance: ned as registered agent and to accept serv. s application, I hereby accept the appoints	ice of process for the above stated corpord ment as registered agent and agree to act relative to the proper and complete perfor	ation at the in this cape	icity.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

Chairman Name: YUKI KUROYANAGI Chairman Name:	Secretary	TAKAYUKI TANAKA Name: 253 36TH ST. SUITE C303 BROOKLYN, NY 11232	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	MASAYUKI MATSUMURA Address: UNIT 602 TORRANCE, CA 90501 UTreasurer					
Chairman Name:	Other	Other	Cro						
□ Vice Chairman Address: □ □ Director □ □ Director □ □ Director □ □ Director □ □ President □ □ Vice President □ □ Vice President □ □ Vice President □ □ Other □ Other □ Other □ Other □ Other □ □	☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Address: 3882 DEL AMO BLVD. UNIT 602 TORRANCE, CA 90501	□Vice Chairman □Director □President □Vice President □Secretary	Address:					
□ Vice Chairman Address: □ □ Director □ □ Director □ □ Director □ □ President □ □ Vice President □ □ Vice President □ □ Vice President □ □ Other □ Other □ Other □ Other □ □	□ Chairman	Name:	[]Chairman	Name:					
President Vice President DVice President	□Vice Chairman		☐ Vice Chairman						
□ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □ □	☐Director		□ Director						
Secretary Treasurer Secretary Treasurer	□President		□President						
Dother	□Vice President		□Vice President						
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. Signature of Director or Officer Signature of Director or Officer Signature of	Secretary	□Treasurer	Secretary	[]Treasurer					
Individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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 x 817 155. F.S.	□Other		□Other	[]Other					
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in	individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer								
13. Masayuki Maisumura , President & CFO (Typed or gripted page and conneity of person signing application)	she is aware that fa	alse information submitted in a document to the Depart	Iment of State constitu	utes a third degree felony as provided for in					
	13	Mascyuki Majs	UNUTCU	President & CFO					

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 6/09/2023

ENTITY NAME: AUTEC, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "AUTEC 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 NINTH DAY OF JUNE, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTEC INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2000.

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

Authentication: 203520319

Date: 06-09-23