F23000004974

(,	Requestor's Name)	
	Address)	· · ·
(/	Address)	
	·	
	City/State/Zip/Phone #)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	Document Number)	
,,		
		_
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

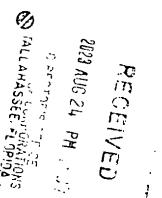
Office Use Only



600413608626

08/24/29 -- 01/901-- 030 ** 70.00

PILED FILED S: 48



AUG 2 4 2023 K. Brumbley

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

XX	CERTIFIED COPY PHOTOCOPY	
	CUS	
XX	FILING	FOREIGN INC
	MOL CONSOLIDATIO (CORPORATE NAME AND DOCU	N SERVICE (AMERICA) INC.
-	(CORPORATE NAME AND DOCU	MENT #A
		MENT #)
-	(CORPORATE NAME AND DOCU	
-	(CORPORATE NAME AND DOCU	MENT #)
-		MENT #) MENT #)

COVER LETTER

TO:	TO: Registration Section Division of Corporations				
SUBJ	ECT: MOL Consolidation Service (A	America) Inc.			
	Name of	corporation	- must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corpicate of Existence," or "Certificate of referenced foreign corporation to trans	f Good Stan	ding" and check are su	act Business in Florida," bmitted to register the	
Please	return all correspondence concerning	g this matter	to the following:		
		Name of I	Person		
		Firm/Com	pany		
		Addre	ss		
		City/State ar	nd Zip code		
ping.xi	ao@molmcs.com E-mail address: (to be used for	or future annual report	notification)	
For fur	ther information concerning this mat		•	,	
	at	t (_)		
	Name of Person	Area Code	Daytime Telep	phone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	
Please n	ed is a check for the following amount nake check payable to: FLORIDA DEP 00 Filing Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	 \$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.	MOL Consolid	ation Service (America) Inc.				
	(Enter name of o	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION	ON,"	
	(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transact	ting business in Flori	ida)
2.	Delaware		3.	46-2472895		
	(State or countr	ry under the law of which it is incorporated	i)	(FEI number, if	applicable)	
4.	March 14, 2013		5.			
	(Date	of incorporation)		(Date of duration, if other	er than perpetual)	
6.	July 1, 2023					
		(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss ii)7.1:	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)	
7	2727 Paces Ferry	Road, Building 2, Suite 1650, Atlanta, GA		•	,	
/٠.	2,2, 1 4003 1 011.)			ce street address)		
		(Current m	ailin	g address, if different)	<u> </u>	
					202	
8.	Name and stree	et address of Florida registered agent:	(P.C). Box <u>NOT</u> acceptable)	20 A 3	حننه
	Name:	NRAI Services, Inc.			2023 AUG 24	コッゴ
Of	ffice Address:	1200 South Pine Island Road			·	
		Plantation	_	33324	PR 5.	_ [
		(City)	-	, Florida (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. 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.

NRAI Services, Inc.

Dy: M. M. M. M. M. M. M. M. M. A. S5'+ Sec'y

(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: Chung Wen Lin	□ Chairman	Name: Koichi Yashima
□ Vice Chairman	Address: 3824 Cedar Springs Rd. #735	□Vice Chairman	Address: 1303, Daiba Towers
☑Director	Dalias, TX 75219	Director	2-2-2, Daiba
☑ President	USA	□President	Minato-ku, Tokyo 135-0091
□Vice President		□Vice President	Japan
☐ Secretary	□Treasurer	☐Secretary	☐Treasurer
Other		□Other	Other
□ Chairman	Name: Shinji Tokimatsu	□Chairman	Name: Ping Xiao
□Vice Chairman	Address: 604, Forestia Tsudanuma	□Vice Chairman	Address: 2727 Paces Ferry Road
☑ Director	I-17-6, Yatsu	□Director	Building 2, Suite 1650
□President	Narashino-shi, Chiba 275-0026	□President	Atlanta, GA 30339
□Vice President	Japan	□Vice President	USA
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other Controller	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	<u> </u>
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	☐Treasurer
Other	Other	□ Other	Other
individuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department	hment will be imaged it of State Annual Rep	for reporting purposes only. Non-indexed port form.
12	Signature of Director or	Officer	
The officer or directions she is aware that falls 817 155 FS	tor signing this document (and who is listed in number se information submitted in a document to the Departm	11 above) affirms tha	t the facts stated herein are true and that he or es a third degree felony as provided for in

(Typed or printed name and capacity of person signing application)

13. Ping Xiao, Financial Controller

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MOL CONSOLIDATION SERVICE (AMERICA)

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 TWENTY-FOURTH DAY OF
AUGUST, 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 "MOL CONSOLIDATION SERVICE (AMERICA) INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MARCH, A.D. 2013.

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

at corp.delaware.gov/authv

Authentication: 204031529

Date: 08-24-23