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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company Sato America, LLC

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FEB 12 2015

Electronic Filing Menu

Corporate Filing Menu YOUNG Help

		COVER LETTER
TOı	Registration Section Division of Corporations	
SUBJE	SCT: SATO America, LLC	
		Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limite ce, and check are submitted to register	Liability Company for Authorization to Transact Business in Florida," Certificate the above referenced foreign limited liability company to transact business in Flori-
Please	return all correspondence concerning t	tis matter to the following:
	Gail Moore	
		Name of Person
	SATO America, LLC	
		Finn/Company
	10350-A Nations Ford Rd	
		Address
	Charlotte, NC 28273	
		City/State and Zip Code
	gall.moore@sato-global.com	
	E-mail a	ddress: (to be used for future annual report notification)
For fur	ther information concerning this matte	, please call:
	Gail Moore	at (704) 644-1650 ext 1224
	Name of Contact Pe	at (704) 644-1650 ext 1224 Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	sed is a check for the following \$125.00 Filing Fee \$130.0	amount: D Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES: THE FOLLOWING IS SUBMIFTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SATO America, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (I'El number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine pensity liability) 5. SATO America, LLC 10350-A Nations Ford Road (Street Address of Principal Office) 6. Charlotte, NC 28273 Same as Principal above (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Nations Ford Boad, Charlotte, NC 28273 Nations Ford Boad, Charlotte, NC 28273 Tim Cook, Manager Nations Ford Road, Charlotte, NC 28273 Michael Beedles, Manager 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under onth of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. am avence that any false information submitted in a document to the Department of State constitutes a third degree fetony as provided for in s.217.155, F.S.)

Typed or printed name of signee

Robert B. Linse

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

-PURSUANT-TO-THE-PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA-STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable, the alternate to be used in the state of Florida is:					
2. The name	and the Florida street add	iress of the registered agent and office are:			
	C T Corporation System				
		(Name)	_		
	1200 South Pine Island Re	oad			
	Florida Stro	eet Address (P.O. Box NOT ACCEITABLE)			
	Plantation	FL 33324			
		City/State/Zip			

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

> CT Corporation System (Signature)

> > \$100.00 Filing Fee for Application S 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)

Statutes.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SATO AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DATE: 02-09-15