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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : Fcλ000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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 Limited Liability Company SUZOHAPP Americas LLC

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D. SCOTT JAN 2 7 2017

COVER LETTER

TO:	Registration Section Division of Corporation	ns.			
SUBJI	SUZOHAPP Amer	icas LLC			
		Name of	Limited Liability	Сотрану	•
The en	closed "Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Transact Business in Florida, ited liability company to transact busin	'Certificate of ness in Florida
Please	return all correspondence	concerning this matter to the	following:		
	Julie Montana				
		N	ame of Person		•
	SUZOIIAPP A	Americas LLC			
		F	irm/Company		
	1743 \$ Linner	nan Road			
	- -		Address		
	Mount Prospec	ei, IL 60056			
	<u>—————————————————————————————————————</u>	City/S	state and Zip Code		,
	julic.montana@	suzohapp.com			
		B-mail address: (to be use	d for future annua	report notification)	
For fu	ther information concernit	ig this matter, please call:			~
	Julie Montana		847 at (593-6161	EIL EZ
	Name	of Contact Person	Area Code	Daytime Telephone Number	N 26 B
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahussee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	ed is a check for the follow \$125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	-	

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTIS ISINESS IN THE STATE OF FLORIDA	S. THE FOLLOWING IS SU A:	BMILTED TO REGISTER A P	ORFIGN LIMITED LIABILITY
SUZOHAPP AMERIC			,	
(Name of Fore	ign Limited Liability Company; mu	ist:include "Limited Liabil	ity Company," "L.L.C.," or "I	LC.)
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpos	se of transacting business i	n Florida. The alternate name	must include "Limited
2 DELAWARB	· = = = = = = = = = = = = = = = = = = =	35-2578750		
(Jurisdiction under the law company is organized)	of which foreign limited liability	•}•	(PEI number, if applicable)	
4. 1/1/2017				
5. 1743 S LINNEMAN R	(Date first transacted busine (See sections 605,0904 & 605 (OAL)	ess in Florida, if prior to re .0905; F.S. to determine p	gistration.) cuelly liability)	
MOUNT PROSPECT,	IL 60056			
The second se	(Street Address of)	Principal Office)		
6. 1743 B LINNEMAN RO	DAD .	**************************************	· · · · · · · · · · · · · · · · · · ·	্ৰপ্ন ন
MOUNT PROSPECT;				題呈世
	(Mailing)	Addross)		
7. Name and street address	g of Florida registered agent: (P.	O. Box NOT acceptab	le)	12 0 17
Namo:	C T Corporation System	<u> </u>		
Office Address:	1200 South Pine Island Ro	oad		July 26 10 10 1
	Plantation .		Florida 33324 .	
Registered agent's accept	(City)		(Zip code)	7,7
designated in this applicat to complywith the provision accept the obligations of n	By male super	tment as registered age, proper and complete parties oration System Michael Ser lered agent's signature)	nt and agree to act in this arformance of my duttes, a aphin Asst. Secretar	capacity, I further agree and I am familiar with and
	- CFO Secretary and Treasurer	мио паминосяниютту	to manage is/are:	•
1743 S Linneman Road	,			**** ****
Mount Propsect, IL 60056				arteria departa
9. Attached is a certificate unisdiction under the law of the translator must be su	of existence, no more than 90 da of which it is organized. (If the co bmitted)	ys ald, duly authenticate ortificato is in a fareign	ed by the official having cu language, a translation of th	stody of records in the te certificate under oath
•	Signiture	of an Athorized person	·	
Phis document is executed submitted in a document to	in accordance with section 60\$.0 the Department of State constitu	1283 (1) (b), Florida Sta tes a third degree felony	tutes. I om aware that any fa tas provided for in s.817.15	55, P.S.
	MATTHEW R.	BROWN		بر منته

Typed or printed name of signor

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUZOHAPP AMERICAS 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2017.

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

6217740 8300 SR# 20170468685



Authentication: 201937046

Date: 01-26-17