

4/30/2020

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

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**Foreign Limited Liability Company
HAWK-EYE INNOVATIONS NORTH AMERICA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

APR 30 2020

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M. SOLOMON

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

H20000126900 3**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Hawk-Eye Innovations North America LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anne Marie Mosera

Name of Person

Sony Corporation of America

Firm/Company

25 Madison Avenue, 26th Floor, SCA Legal Dept.

Address

New York, NY 10010

City/State and Zip Code

annemarie.mosera@sony.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Marie Mosera

212

833-8460

Name of Contact Person

a: (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$100.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hawk-Eye innovations North America LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If none transmittable, never alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-5495508

(EIN number, if applicable)

4. March 15, 2014

(Date first transacted business in Florida, if prior to registration; see sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 115 W. Century Road

(Street Address of Principal Office)

6. c/o Sony Corporation of America

(Mailing Address)

#250

25 Madison Ave, 28th FL, SCA Legal Dept.

Paramus, NJ 07652

New York, NY 10010

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

KADESHA ROBERSON, ASST. VICE PRESIDENT

(Registered agent's signature)

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ATLANTA, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Theresa Alessio</u>	☐ Manager	Name: <u>James Japhet</u>
☐ Member	Address: <u>115 W. Century Road</u>	☐ Member	Address: <u>115 W. Century Road</u>
☐ Authorized	<u>#250</u>	☐ Authorized	<u>#250</u>
Person	<u>Paramus, NJ 07652</u>	Person	<u>Paramus, NJ 07652</u>
☒ Other <u>President</u>	☐ Other	☒ Other <u>Exec VP</u>	☐ Other
☐ Manager	Name: <u>Shaka Johnson</u>	☐ Manager	Name: <u>Thomas Scarpaci</u>
☐ Member	Address: <u>16535 Via Esprillo</u>	☐ Member	Address: <u>25 Madison Avenue</u>
☐ Authorized	<u>San Diego, CA 92127</u>	☐ Authorized	<u>New York, NY 10010</u>
Person		Person	
☒ Other <u>Secretary</u>	☐ Other	☒ Other <u>Senior VP</u>	☐ Other
☐ Manager	Name: <u>Takumi Sai</u>	☐ Manager	Name: <u>Timothy Boehm</u>
☐ Member	Address: <u>10232 W. Washington Blvd</u>	☐ Member	Address: <u>25 Madison Avenue</u>
☐ Authorized	<u>Culver City, CA 90232</u>	☐ Authorized	<u>New York, NY 10010</u>
Person		Person	
☒ Other <u>VP & Treasurer</u>	☐ Other	☒ Other <u>VP</u>	☐ Other

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.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.9203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Shaka Johnson

Signature of authorized person

Shaka Johnson

Typed or printed name of signer

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FLORIDA DEPARTMENT OF STATE

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAWK-EYE INNOVATIONS NORTH 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 TWENTY-THIRD DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAWK-EYE INNOVATIONS NORTH AMERICA LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2015.

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



5861335 8300

SR# 20203112567

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202819815

Date: 04-23-20

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