

4/27/22, 11:15 AM

Division of Corporations

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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Email Address: _____

**Foreign Limited Liability Company
Mizuho Americas LLC**

Certificate of Status	0
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T. LEMIEUX

APR 28 2022

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. Mizuho Americas 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.")

2. Delaware

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

81-3006831

3. (FEI number, if applicable)

4. January 1, 2022

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 1271 Avenue of the Americas

(Street Address of Principal Office)

New York, NY 10020

6. 1271 Avenue of the Americas

(Mailing Address)

New York, NY 10020

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

33324

Florida

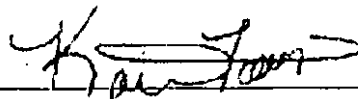
(Zip code)

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.

By: kaity toon, C.T. Corporation System
asst. secretary

(Registered agent's signature)




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>
<input type="checkbox"/> Manager	Name: <u>Mizuho Bank, Ltd.</u>	<input type="checkbox"/> Manager	Name: <u>Shuji Matsuura</u>
<input checked="" type="checkbox"/> Member	Address: <u>Otemachi Tower</u>	<input type="checkbox"/> Member	Address: <u>1271 Avenue of the Americas</u>
<input type="checkbox"/> Authorized	<u>1-5-5 Otemachi</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10020</u>
Person	<u>Toyko, Japan</u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>David Kronenberg</u>	<input type="checkbox"/> Manager	Name: <u>Richard Skoller</u>
<input type="checkbox"/> Member	Address: <u>1271 Avenue of the Americas</u>	<input type="checkbox"/> Member	Address: <u>1271 Avenue of the Americas</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10020</u>	<input type="checkbox"/> Authorized	<u>New York, NY 10020</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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 605.0203 (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.



 Signature of an authorized person

Richard Skoller, Chief Legal Officer

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MIZUHO 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 FIFTH DAY OF APRIL, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

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SR# 20221312133

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

Authentication: 203098240

Date: 04-05-22