

## **Certificate of Authority**

**FOREIGN Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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for that purpose submits the following statement.	Φ					
The name of the corporation is:	***	***				
Shiseido Americas Corporation						
It is incorporated under the laws of:     Delaware	e					
3. The name, if different, which it elects to use in Rh	node Island is:					
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporation", "company", oration with the addition of one of the				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: 8/11/1988						
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX					
Date certain for dissolution						
5. The address of its principal office is:						
301 Route 17 North 10th Floor, Rutherford, NJ 07	7070					
6. The name and address of the initial registered ag	ent/office of in Rhode Island:					
Agent Name Corporation Services Company						
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard Suite 200						
City/Town Warwick	State RHODE ISLAND	Zip Code <b>02888</b>				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED M

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state or country of whi			s (optional, unless di	rectors are required under the laws of the			
NAME			A	DDRESS			
Masahiko Uotani		900 Third Avenue, 9th Floor NY, NY 10022					
Marc Rey		301 Route 17 North, 10th Floor Rutherford, NJ 07070					
Ronald Gee		301 Route 17 North, 10th Floor Rutherford, NJ 07070					
				Check the box to indicate an attachment.			
of the state or country			l officers (mandatory	if directors are not required under the laws			
OFFICE		NAME		ADDRESS			
PRESIDENT	Marc Rey		301 Route 17 N	301 Route 17 North, 10th Floor Rutherford, NJ 07070			
VICE PRESIDENT	Jeff Cohen		301 Route 17 N	301 Route 17 North, 10th Floor Rutherford, NJ 07070			
TREASURER	Ronald Gee	Ronald Gee		301 Route 17 North, 10th Floor Rutherford, NJ 07070			
SECRETARY	Y Maria Chiclana		301 Route 17 N	301 Route 17 North, 10th Floor Rutherford, NJ 07070			
				Check the box to indicate an attachment.			
9. The aggregate numb par value, and series, i			to issue; itemized by	classes, par value of shares, shares withou			
NUMBER OF SHARES	CLASS	3	SERIES	PAR VALUE OR STATE NO PAR VALUE			
100,000	Common	Common		5,000			
	<u></u>	<del></del>					
10. (a) Estimate, in do owned by the corporation				ollars, the value of the corporation's propert in Rhode Island during the following year:			
s 33 175 000 • 60		. 4	1,150.00				

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.					
\$	\$			_		
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note centage.	year compared to the gross a	mount ther	eof whicl	n will be		
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated						
13. Date when the Certificate of Authority will be effective: C	HECK ONLY ONE BOX					
Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the day of filing)						
Under penalty of perjury, I declare and affirm that I have exact accompanying attachments, and that all statements contained		ificate of A	uthority, ii	ncluding any		
Type or Print Name of Authorized Officer		Date				
Jeff Cohen		10	o 6	2.616		
Signature of Authorized Officer of the Corporation SIGN DOCL	JMENT HERE					

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHISEIDO AMERICAS CORPORATION" 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 FIFTEENTH DAY OF AUGUST, A.D. 2016.

Authentication: 202826922

Date: 08-15-16

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