

Division of Corporations  
**F14000000822**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6381

**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.\*\***

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**RizCole Management, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*B 2/24/14*

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RizCole Management, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amanda Hartman  
Name of Person  
RizCole Management, Inc.  
Firm/Company  
450 East 96<sup>th</sup> Street  
Address  
Indianapolis, IN 46240  
City/State and Zip code  
ahartman@rizcole.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Hartman at (317) 361.5710  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. RizCole Management, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 45-1443075  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 4/30/09 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5520 Kopetsky Dr., Ste A Indianapolis, IN 46217  
(Principal office address)

5520 Kopetsky Dr., Ste A Indianapolis, IN 46217  
(Current mailing address)

8. Landscapeing  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

## 10. Registered agent's acceptance:

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

NRAI Services, Inc.

By: Norine Nagel

(Registered agent's signature) -Norine Nagel-Ass. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS  
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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Bernadette Wlyman

Address: 450 E. 96<sup>th</sup> Street

Indianapolis, IN 46240

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Dave Frederick

Address: 450 E. 96<sup>th</sup> St. Indpls, IN 46240

Treasurer: Amanda Hartman

Address: 450 E. 96<sup>th</sup> St. Indpls, IN 46240

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bernadette Wlyman

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Bernadette Wlyman - President

(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

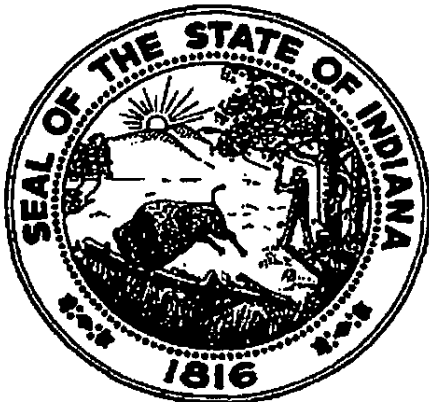
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**RIZCOLE MANAGEMENT, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 30, 2009, and was in existence or authorized to transact business in the State of Indiana on February 21, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-First Day of February, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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