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RYONET CORPORATION

TYPE OF FILING: APPLICATION

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**AUTHORIZATION:** ABBIE/PAUL HODGE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

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:						
Capitol Services - Corporate Filings Team						
Name of Person						
Capitol Services, Inc.						
Firm/Company						
800 Brazos Ste 400						
Address						
Austin TX 78701						
City/State and Zip code						
dtrumbower@ryonet.com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Joanna Schellenger at ( 800 ) 345-4647						
Name of Person Arca Code Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
□ \$70.00 Filing Fee Certificate of Status □ \$78.75 Filing Fee Certified Copy □ \$87.50 Filing Fee, Certified Copy □ \$87.50 Filing Fee, Certified Copy □ \$87.50 Filing Fee, 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.	Ryonet Cor	poration		_
		corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	<b></b>
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	_
2	Washingtor	n State 3.	68-0589878	
		ry under the law of which it is incorporated)	(FEI number, if applicable)	_
4	1/1/2004	5		
т.	(Date	of incorporation)	(Date of duration, if other than perpetual)	-
6	9/1/2015			
Ο.			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-
7	12303 NE-5	66th St, Vancouver, WA 98682		
۲٠.			pal office address)	-
	· · · · · · · · · · · · · · · · · · ·	(Current mailir	ng address, if different)	-
8.	Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
	Name:	Capitol Corporate Services, Inc	: Es 21	
	~	155 Office Plaza Dr Sto A	SECRETARY 24	71
O1	ffice Address:	155 Office Plaza Dr Ste A		C-catcom.
		Tallahassee	, Florida 32301 (Zip code)	1
		(City)	(Zip code)	
Ho de.	aving been nam signated in this	application, I hereby accept the appointm	ice of process for the above stated corporation at the nent as registered agent and agree to acf in this capa	icity. I
		omply with the provisions of all statutes r amiliar with and accept the obligations of	elative to the proper and complete performance of n f my position as registered agent.	ιů,
		1100	Krista Ali, Asst. Secretary on beha	alf
		Knoa Au	of Capitol Corporate Services, Inc	
	_		agent's signature)	

10. 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.

11. Names and business addresses of officers and/or directors:

## A. DIRECTORS Chairman: Address: \_\_\_ Vice Chairman: Director: \_\_\_ Address: Address: **B. OFFICERS** President: Ryan Moor Address: 22001 NE 233rd St Battle Ground, WA 98604 Vice President: Secretary: \_\_\_ Address: \_\_\_\_\_ Treasurer: Andrew Lee Address: 9602 NE 87th Ave, Vancouver, WA 98682 NOTE: If necessary, you-may attach an addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. (Typod or printed name and capacity of person signing application)





Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF RYONET CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/28/2004.

I FURTHER CERTIFY that as of the date of this certificate, RYONET CORPORATION remains active and has complied with the filing requirements of this office.

Date: November 23, 2015

UBI: 602-407-511

STATE OF WASHINGTON ASHINGTON ASHING

(141)

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State