

F990000003716

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Rizzi Distributors, 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", 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:

Carol A. Hartline, Controller  
(Name of Person)  
Rizzi Distributors, Inc.  
(Firm/Company)  
689 South Arlington Street  
(Address)  
Akron, OH 44306  
(City/State/Zip)

93 JUL 16 AM 9:15

SECRET  
DIVISION OF CORPORATIONS  
FILED

7/21

000002933730--0  
-07/16/93--01092--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Should you need to call someone concerning this matter, please call:

Carol A. Hartline at ( 330 ) 773-9111  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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. Rizzi Distributors, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Ohio - Charter #349934      3. 34-1003229  
(State or country under the law of which it is incorporated)      (FEI number, if applicable)
4. 4-11-66      5. Perpetual  
(Date of incorporation)      (Duration: Year corp. will cease to exist or "perpetual")
6. Aug. 1, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 231 Douglas Road East Suite #4  
Oldsmar, FL 34677  
(Current mailing address)
8. Provide foodservice equipment  
(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 or Mail Drop Box NOT acceptable)**  
Name: Joseph L. Rizzi  
Office Address: 504 South Florida Ave.  
Tarpin Springs, Florida, 33589  
(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.*

  
(Registered agent's signature)

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.

59 JUL 16 AM 9:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
AND FINANCIAL SERVICES

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

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

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

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

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

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

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

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

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Joseph L. Rizzi

Address: 829 Dogwood Terrace

Copley, OH 44321

Vice President: Matthew L. Rizzi

Address: 4310 Scarlet Oak Drive

Copley, OH 44321

Secretary: Attorney Fred Corns

Fifteenth Floor

Address: One Cascade Plaza

Akron, OH 44308

Treasurer: \_\_\_\_\_

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

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

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph L Rizzi, President

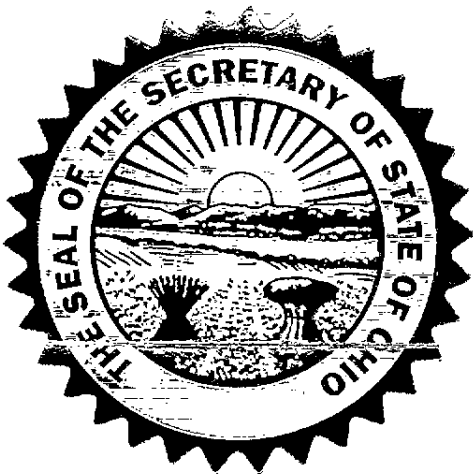
(Typed or printed name and capacity of person signing application)

FILED  
DIVISION OF REVENUES  
99 JUL 16 AM 9:15

UNITED STATES OF AMERICA  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE.

}

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show **RIZZI DISTRIBUTORS INCORPORATED**, an Ohio corporation, Charter No. 349934, having its principal location in Akron, County of Summit, was incorporated on April 11, 1966 and is currently in **GOOD STANDING** upon the records of this office.*



WITNESS my hand and official  
seal at Columbus, Ohio on  
July 6, 1999

*J. Kenneth Blackwell*

J. Kenneth Blackwell  
Secretary of State

99 JUL 16 AM 9:15

FILED  
SECRETARY OF STATE  
DIVISION OF RECORDS & ADMINISTRATION