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(City/State/Zip/Phone #)					
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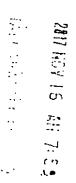




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10/23/17--01032--002 **70.00

11/16/17--01019--026 **55.00



WY HARRIE

COVER LETTER REFNUMBER: W17000085090

TO:

ľO:	Registration Section Division of Corporation	AEFNUMBE	=R:W17000085	090	
SUBJE			Limited Liability Company		
				insact Business in Florida," Certificate of v company to transact business in Florida.	
Please i	eturn all correspondence o	concerning this matter to the	following:		
		MARY A.	WARD ame of Person		
Firm/Company					
15520 GULLANE GT.					
			Address		
TT. MYERS, T=1 339121 City/State and Zip Code					
		City/\$	tate and Zip Code		
		F.mail address: (to be used	KITCHEAT - JOY d for future annual report not	on/KEJ.Covo)	
For furt	her information concerning	g this matter, please call:			
	MARY A.	(VAR () f Contact Person	at (2/12) 80 Area Code Day	1 time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding ocutive Center Circle ee, FL 32301	
Enclose	d is a check for the follow S125.00 Filing Fee	ing amount: \$\Bigsim \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

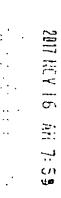


FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2017

MARY WARD 9160 FORUM CORPORATE PKWY, STE 305 FORT MYERS, FL 33905

SUBJECT: RYANCORP LLC Ref. Number: W17000085090



We have received your document for RYANCORP LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00021457

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGO. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Mame of Foreign Limited Liability Company; must include "Limited Liability Company;" "I. 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,") 3. 26-4043758 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 0417£ 350 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. Selicery Co. Co. Megistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (Use attachments if necessary) 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

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RYANCORP 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 SIXTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RYANCORP LLC"

WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2009.

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

Authentication: 203405082

Date: 10-16-17

4640490 8300 SR# 20176638924

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