

8/21/24, 12:21 PM

Division of Corporations

**MA24000010762**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: VPL@LoVerdeLaw.com

Foreign Limited Liability Company  
Rhino Admin, LLC

Certificate of Status	0
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Division of Corporations

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AUG 22 2024

T. L. F. T. U. X

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Rhino Admin, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.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.")

2. Delaware 99-2569003  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0903, F.S., re determining penalty liability)

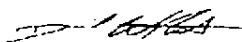
5. 2050 S. Finley Road 6318 Kingsbridge Drive  
(Street Address of Principal Office) (Mailing Address)  
Suite 80 Cary, Illinois 60013  
Lombard, Illinois 60048

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

Name: C1 Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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.



David Westcott Asst Secretary

(Registered agent's signature)

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SECRETARY OF STATE

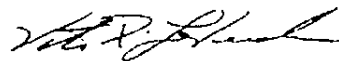
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert E. Carzoli</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Scott West</u>
<input type="checkbox"/> Member	Address: <u>2050 S. Finley Road</u>	<input type="checkbox"/> Member	Address: <u>2050 S. Finley Road</u>
<input type="checkbox"/> Authorized	<u>Suite 80</u>	<input type="checkbox"/> Authorized	<u>Suite 80</u>
Person	<u>Lombard, Illinois 60048</u>	Person	<u>Lombard, Illinois 60048</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Vito P. LoVerde</u>	 <input type="checkbox"/> Manager	Name: <u>James Giek</u>
<input type="checkbox"/> Member	Address: <u>6318 Kingsbridge Drive</u>	<input type="checkbox"/> Member	Address: <u>2050 S. Finley Road</u>
<input type="checkbox"/> Authorized	<u>Cary, Illinois 60013</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 80</u>
Person	_____	Person	<u>Lombard, Illinois 60048</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jeffrey Giek</u>	 <input type="checkbox"/> Manager	Name: <u>John Giek</u>
<input type="checkbox"/> Member	Address: <u>2050 S. Finley Road</u>	<input type="checkbox"/> Member	Address: <u>2050 S. Finley Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 80</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 80</u>
Person	<u>Lombard, Illinois 60048</u>	Person	<u>Lombard, Illinois 60048</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Vito P. LoVerde

\_\_\_\_\_  
Typed or printed name of signer

**Rhino Admin, LLC**  
**Managers and Officers**

**Managers:**

Robert E. Carzoli  
Scott C. West  
Vito P. LoVerde

**Officers:**

<u>Name</u>	<u>Title</u>
Michael J. Campolo	General Counsel, Chief Human Resources Officer and Assistant Secretary
Robert E. Carzoli	Chairperson of the Board of Directors
Robert H. Carzoli	VP of Technology & Analytics
Gerry Delon	Supervising Chief Financial Officer
James Giek	Chief Financial Officer
Jeffery Giek	Chief Executive Officer
John Giek	Chief Operating Officer
Jessica Kowatch	Supervising Chief Operating Officer
Amy Scheller	Executive Vice President of Strategy and Development and Chief Sales & Marketing Officer
Scott West	Supervising Chief Executive Officer, President and Treasurer
Vito P. LoVerde	Chief Legal Officer and Secretary

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "RHINO ADMIN, 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 NINETEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RHINO ADMIN,  
LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2024.

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



3479690 8300

SR# 20243453959

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Jeffrey W. Bullock, Secretary of State

Authentication: 204193276

Date: 08-19-24