

P/6000072123

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W/6000052322

SEP 06, 2015

T. SCOTT



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07/19/16--01002--003 **70.00

16 AUG 26 AM 9:51



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2016

JOHN METZ
3417 SOUTH SAXXON ROAD
ST AUGUSTINE, FL 32092

SUBJECT: RYANS INC.
Ref. Number: W16000052322

We have received your document for RYANS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

490616-THE RYAN COMPANY,

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 116A00015786

RECEIVED

16 AUG 26 AM 11:05

67

COVER LETTER

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

SUBJECT: _____

RYANS^{HEALTH} INC. (RYANS HEALTH INC)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

John Metz

Name (Printed or typed)

3417 South SAXXON Road

Address

ST. AUGUSTINE, FL 32092

City, State & Zip

904-612-7750

Daytime Telephone number

johnmetz3rd@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

RYANS^{Health} INC. (RYANS Health INC.)

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14879 Fern Hammock Drive West

Jacksonville, FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Manufacturer~~ Distributor

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

John P. Metz President

Name and Title:

Address

14879 Fern Hammock Drive West

Address:

Jacksonville, FL 32258

Name and Title:

Geri Metz Treasurer

Name and Title:

Address

3417 South Saxxon Road

Address:

St. Augustine, FL 32092

Name and Title:

Name and Title:

Address

Address:

16 AUG 26 AM 9:51

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: John Metz
Address: 3417 South Saxxon Rd
ST. AUGUSTINE, Florida 32092

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John Metz
Address: 3417 South Saxxon Rd
ST. AUGUSTINE, FL 32092

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

John Metz 7-14-16
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

John Metz 7-14-16
Required Signature/Incorporator Date