

12/8/21, 3:04 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
RN HOLDINGS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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: RN HOLDINGS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

23123 STATE ROAD 7 SUITE 240

BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBIN LEVINE (P)

Name and Title: RISA MAISNER (VP)

Address 23123 STATE ROAD 7 SUITE 240

Address: 23123 STATE ROAD 7 SUITE 240

BOCA RATON, FL 33428

BOCA RATON, FL 33428

Name and Title: PAUL MAISNER (VP)

Name and Title:

Address 23123 STATE ROAD 7 SUITE 240

Address:

BOCA RATON, FL 33428

Name and Title: MICHAEL LEVINE (VP)

Name and Title:

Address 23123 STATE ROAD 7 SUITE 240

Address:

BOCA RATON, FL 33428

2021 DEC -8 PM 4:05  
SECRETARY  
TALIA  
FF

6-1-23

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: PAUL MAISNER  
Address: 23123 STATE ROAD 7 SUITE 240  
BOCA RATON, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBIN LEVINE  
Address: 23123 STATE ROAS 7 SUITE 240  
BOCA RATON, FL 33428


**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 days prior or 90 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*

x  12/08/2021  
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.*

X  12/08/2021  
Required Signature/Incorporator Date

2021 DEC -8 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FL