

To:

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2023-02-07 12:56:54 PST

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From: Kaity Toon

2/7/23, 3:53 PM

Division of Corporations

P23000009878
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RYNO.CO, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

7 PM 4:46

23 FEB -7 PM 12:35

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be RYNO CO. Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
12955 Starkey Road, Suite 3900
Largo, FL 33773Mailing address, if different is

_____**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is _____

To engage in any lawful business for which corporations may be incorporated in accordance with the Florida Business Corporation Act.

_____**ARTICLE IV SHARES**The number of shares of stock is 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Paul D. Rhines, Director & PresidentAddress: 12955 Starkey Road, Suite 3900
Largo, FL 33773
_____Name and Title: James D. Thorp, Director/Sec./TreasAddress: 12955 Starkey Road, Suite 3900
Largo, FL 33773
_____Name and Title: Paul Renaud, Chief Operating OfficerAddress: 12955 Starkey Road, Suite 3900
Largo, FL 33773
_____Name and Title: Ryan Maturski, Chief Executive OfficerAddress: 12955 Starkey Road, Suite 3900
Largo, FL 33773
_____Name and Title: Gene Baker, Chief Financial OfficerAddress: 12955 Starkey Road, Suite 3900
Largo, FL 33773

Name and Title: _____

Address: _____

Name and Title:

Name and Title

Address

Address:

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

Name: C T Corporation System

Address: 1200 South Pine Island Road Plantation,
FL 33324

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Nathan J. Neuberger

Address: 1000 North Water Street, Suite 1700
Milwaukee, WI 53202

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*

By: C T Corporation System *Stephanie Hencz* Stephanie Hencz, 2/7/23 2:51:37 PM
Assistant Secretary
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.

Nathan J. Neuberger 2/7/23 12:35 PM
Required Signature/Incorporator Nathan J. Neuberger Date