

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wisconsin - Mankind Project, Inc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Paul F. Soczynski
(Name of Person)

(Firm/Company)

915 South 91st Street

(Address)

West Allis, Wisconsin 53214
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul F. Soczynski at (414) 406-8843
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
06 JUN 19 PM 2:53
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Wisconsin - ManKind Project, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Wisconsin

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. August 13, 1991

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 915 South 91st Street West Allis, Wisconsin 53214

(Principal office address)

P.O. Box 14246 West Allis, Wisconsin 53214-0246

(Current mailing address)

8. WI-MKP is a non-profit educational and training organization for men. Trainings offer support for men to develop lives of integrity, accountability and mission in the world.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Ed Dworkin

Office Address: 217 Kentucky Blue Circle

Apopka

(City)

Florida 32712

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

1-16-06

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
JAN 19 PM 2:53
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert Litzau

Address: 5816 North 37th Street

Milwaukee, Wisconsin 53209

Director: Mark Natzke

Address: 2621 North 63rd Street

Wauwatosa, Wisconsin 53213

FILED
16 JAN 19 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Sean Niland

Address: 2932 Algoma Street

Stevens Point, Wisconsin 54481

Vice President: To Be Determined

Address: _____


Secretary: To Be Determined

Address: _____

Treasurer: Doug Szper

Address: N1811 Knorr Road Random Lake, Wisconsin 53075

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Doug Szper, Treasurer
(Typed or printed name and capacity of person signing application)

Other Directors:

Name: Robert Woehler
Address: 5883 Inverness Drive
Rockford IL 61107-3821

Name: Keith E Rusecki
Address: 7820 21st Avenue
Kenosha WI 53143

Name: Richard L Behlke
Address: W4535 County Road B
Eden WI 53019

FILED
06 JAN 19 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

WISCONSIN MANKIND PROJECT, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 13, 1991.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

FILED
JAN 19 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 6, 2006.



A handwritten signature of Ray Allen, Deputy Administrator.

RAY ALLEN, Deputy Administrator
Division Of Corporate & Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 20934-F50C5974