

F19000002673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

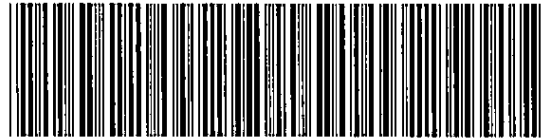
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Leslie requested that
I add a "" after club
3 asked me to add "system" to RA

Office Use Only



900327835099

900327835099
04/12/19--01027--037 **87.50

FILED
19 JUN 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 10 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

LESLIE BROWN
4575 S 5TH STREET
MILWAUKEE, WI 53207-0360

SUBJECT: TOPS CLUB INC.
Ref. Number: W19000037990

We have received your document for TOPS CLUB INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

You must include a name release letter from the company that is dissolved if you want to use that name.

Attached

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00009355

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00009355



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

LESLIE BROWN
4575 S 5TH STREET
MILWAUKEE, WI 53207-0360

SUBJECT: TOPS CLUB INC.
Ref. Number: W19000037990

We have received your document for TOPS CLUB INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document number of the name conflict is N19000003983.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00007799



TAKE OFF POUNDS SENSIBLY
A NONPROFIT WEIGHT-LOSS SUPPORT GROUP FOUNDED IN 1948

Florida Department of State
Attn. Brooke Kinsey
Divisions of Corporation
PO Box 6327
Tallahassee, FL 32314

Dear Brooke,

The TOPS Chapter that had the name TOPS Club Inc. in Florida has dissolved which should let TOPS Club Inc. use this name. I have attached a copy of this for your reference, document number N19000003983.

As per your request a certificate of good standing from the state of Wisconsin dated February 26, 2019 is also attached.

Let me know if you require any other information.

Sincerely,

A handwritten signature in black ink, appearing to be "LB", followed by a long horizontal line.

Leslie Brown
Accounting Director
TOPS Club Inc.

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19 JUN 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

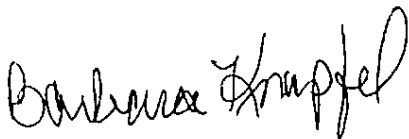
2019 JUN 10 PM 1:57

May 20, 2019

Sunbiz.org
Division of Corporations

TOPS Club Inc. principal business address 3680 Lake Worth Road, Palm Springs, FL 33461 Document number N19000003983 hereby gives TOPS Club Inc. 4575 S. 5th Street Milwaukee WI 53207 rights to use the name TOPS Club Inc. in the state of Florida. We realize we will be relinquishing the rights to the name TOPS Club Inc. The Florida registration has been dissolved.

Thank you,

A handwritten signature in black ink, appearing to read "Barbara Knapfel". The signature is fluid and cursive, with the first name "Barbara" and last name "Knapfel" clearly distinguishable.

Barbara Knapfel

19 JUN 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOPS Club 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", or "Certificate of Status" 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:

Leslie Brown

Name of Person

TOPS Club Inc.

Firm/Company

4575 S 5th Street

Address

Milwaukee WI 53207-0360

City/State and Zip Code

lbrown@tops.org

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leslie Brown

414

482-4620 Ext 15

at ()

Name of Person

Area Code

Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$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

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. TOPS Club, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-0866681
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-12-1952 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. April 1, 2019
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4575 S. 5th Street Milwaukee, WI 53207-0360
(Principal office street address)

(Current mailing address, if different)

8. See Attached
(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: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Stephanie Pisco

(Registered agent's signature)

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Richard Danforth
☐ Vice Chairman Address: 19 Sylvester Ave
☐ Director Chelsea ME 04330
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Leslie Brown
☐ Vice Chairman Address: 4575 S 5th Street
☒ Director Milwaukee, WI 53207-0360
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Barbara Cady
☐ Vice Chairman Address: 1813 Ryan Road
☒ Director Fairmont, WV 26554
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: 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.

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

14. Leslie Brown
Accounting Director
(Typed or printed name and capacity of person signing application)

#8. Any purpose permitted to be exempt from taxation under Section 501 (c) or 502 (d) of the United States Internal Revenue Code as now or in hereafter amended. TOPS Club Inc. provides an affordable and evidence based approach to help and support our member as they take off and keep off pounds sensibly

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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

TOPS CLUB, 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 December 12, 1952.

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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 26, 2019.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: 239090-855EB280