Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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FLORIDA LIMITED LIABILITY CO.

Sperry Top-Sider, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Sperry Top-Sider, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Plorida.
Please return all correspondence concerning this matter to the following:
Andrea Caranfa Name of Person
The Stride Rite Corp.
191 Sonna St.
Address Address
City/State and Zip Code
andrea_curanta@striderita.com
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Products Control at (11) 824-6668 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Cartificate Cartificate of Status Cartified Copy of Status & Cartified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Sperry Top-Sider, LLC	
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CĈ	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability property," "L.L.C." "LLC.")	vritter Y
	Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) 3. 04-2677615 (PEI number, if applicable)	
4.	(Date of Organization) (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Upon Qualification (Date first transacted ousiness in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	10 MAR
7.	191 Spring Street, Lexington, MA 02421	≾ -3
	(Street Address of Principal Office)	ř
	If limited liability company is a manager-managed company, check here	9: 00
) .	The name and usual business addresses of the managing members or managers are as follows: Payless Shoesource Inc., 3231 SB Sixth Avenue, Topcka, KS 66607	
he,	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under eath of the translator must be submitted.)	dsin
1.	Nature of business or purposes to be conducted or promoted in Florida:	
-	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	
	an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Frank A Caruso	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Sparry Top-Side			_	
If unavailable,	the alternate to be used in the state of Florida is:			
2. The name a	and the Florida street address of the registered agent and office are:			
	C T Corporation System	至公	10	
	(Name)		MAR -3	-
	1200 South Pine Island Road Plorida Street Address (P.O. Box NOT ACCEPTABLE)	SEE, F	3 **	LEU
	Plantation FL 33324	STATE	8: 00	
	City/State/Zip	A	_	
liability compar agent and agree relating to the p obligations of m C T Corporation	amed as registered agent and to accept service of process for the above st my at the place designated in this certificate, I hereby accept the appointm e to act in this capacity. I further agree to comply with the provisions of a proper and complete performance of my duties, and I am familiar with an my position as registered agent as provided for in Chapter 608, Florida St	nent as regist all statutes ad accept the	tered	
By:	(Signature)			
·	\$ 100.00 Filing Fee for Application			

\$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00



Commonwealth

The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

March 1, 2010

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

SPERRY TOP-SIDER, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 29, 2009.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: MICHAEL J. MASSEY, DOUGLAS J. TREFF, FRANK A. CARUSO



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth