

N19000 00 1007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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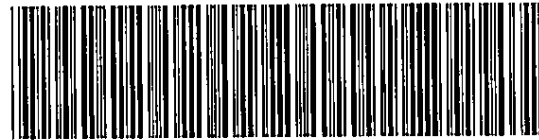
(Business Entity Name)

(Document Number)

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RECEIVED
DIVISION OF STATE
CORPORATIONS
19 JAN 26 PM 1:24

C RICO
JAN 24 2019

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TOPSFL 124 Lakeland, FL, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert Stillinger
Name (Printed or typed)

1659 Mahaffey Circle
Address

Lakeland FL 33811
City, State & Zip

863-701-0265
Daytime Telephone number

rowest21@tampabay.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

19 JAN 21 PM 1:28 -
DEPT OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: TOPS FL 124 Lakeland, FL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1659 Mahaffey Circle

Lakeland FL 33811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The association is organized and is to be operated as a Chapter of TOPS Club Inc. TOPS Club Inc. is an educational, charitable, and benevolent organization that provides members with education, motivation, and group support in attaining and maintaining their physician-prescribed weight goals. These are provided via Chapter meetings and Chapter programs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

majority of votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert W Stillinger II Name and Title: Leader (P)

Address: 1659 Mahaffey Circle Address: _____
Lakeland FL 33811

Name and Title: Nancy Smith Name and Title: Co-Leader (VP)

Address: 803 Cornal Drive Address: _____
Lakeland FL 33815

Name and Title: Janet M Tindel Name and Title: Treasurer

Address: 1303 N Bracewell Dr Address: _____
Plant City FL 33563

19 JAN 24 PM 1:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Robert W. Stullinger, II
Address: 1659 Mahaffey Circle
Lakeland FL 33811

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Janet M. Tindel
Address: 1303 N. Braccwell Dr
Plant City FL 33563

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

Robert W. Stullinger, II
Required Signature of Registered Agent

12-3-18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Janet M. Tindel
Required Signature of Incorporator

12-3-18
Date

19 JAN 26 AM 11:38

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