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SECRETARY OF STATE

FILED
2022 MAR -7 AH II: 04



COVER LETTER

	tration Section on of Corporations			
SUBJECT:	Cape Coral NE Burgers, Inc.			
	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Confession Existence," or "Certificate ced foreign corporation to tra	of Good Stand	ing" and check are submitt	usiness in Florida," ed to register the
Please return	all correspondence concernir	ng this matter (o the following:	
Richard A. Lat	ta, Esq.			
		Name of P	erson	
Stafford Rosen	baum LLP			
		Firm/Comp	pany	
222 West Wasi	nington Avenue, Suite 900			
		Addres	SS	
Madison, WI:	53703			
		City/State an	d Zip code	· ·
tainmy@bleed				
	E-mail address:	(to be used fo	r future annual report notif	ication)
For further inf	ormation concerning this ma	atter, please ca	II:	
Richard A. Lat	ta	608	de) 259-2648 Daytime Telephone Number	
Name	of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	
	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT g Fee & ==		S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	ible in Florida, enter alternate corporate name ac	lopted for the purpose of transacti	ng business in Florida)	
Wisconsin		88-0617875		
	y under the law of which it is incorporated) 2	(FEI number, if a		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
2651 Kirking Co	(Principal office	: street address)		
Portage, WI 539				
	// 'tteental manual to a			
	(Curem maning	address, if different)		
Name and stree	·			
	t address of Florida registered agent: (P.O. CT Corporation			
Name:	t address of Florida registered agent: (P.O.		2029 F SECT	
Name:	t address of Florida registered agent: (P.O. CT Corporation 1200 South Pine Island Road, #250	Box <u>NOT</u> acceptable)	2022 HAR SECRET FALL AHA	
	t address of Florida registered agent: (P.O. CT Corporation 1200 South Pine Island Road, #250		2022 HAR - 7 SECRETARY FALL AHASSE	
Name: fice Address: Registered ag	t address of Florida registered agent: (P.O. CT Corporation 1200 South Pine Island Road, #250	Box NOT acceptable) , Florida 33324(Zip code)		

10. 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.

A. DIRECTORS	Chad A. Stevenson		Jeffrey J. Liegel				
□ Chairman	Name:N1756 County Road T	□ Chairman	Name: N8325 Dumke Road				
□ Vice Chairman	Address:	□ Vice Chairman	Address: Portage, WI 53901				
□Director	Endeavor, WI 53903	□Director	Politage, W1 33901				
■ President		□President					
□ Vice President		■ Vice President					
☐ Secretary	Treasurer	☐ Secretary	Treasurer				
Other	Other	Other	□Other				
		-	N.				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	Treasurer	Secretary	Treasurer				
Other	□Other	Other	□Other				
			NI				
□Chairman	Name:	□ Chairman	Name:				
☐ Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		□Director					
□President		□President					
□ Vice President		□Vice President					
□ Secretary	□Treasurer	Secretary	Treasurer				
Other	Other	Other	Other				
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.							
12. Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of the is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ \$17.155. F.S.							

13. Chad A. Stevenson, President

(Typed or printed name and capacity of person signing application)

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, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CAPE CORAL NE BURGERS, 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 February 09, 2022.

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



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 04, 2022.

MICHELLE Y. KNUESE. 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/