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S. FRANKLIN DEC 14 2022

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Zephyrhills Burgers, Inc.

1

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard A. Latta, Esq.

· · · · · · · · · · · · · · · · · · ·	Name of	Person		
Stafford Rosenbaum LLP				
· · · · · · · · · · · · · · · · · · ·	Firm/Com	pany	<u>.</u>	
222 West Washington Avenue, Suite 900	0			
	Addro			
Madison, WI 53703				
	City/State a	nd Zip code	<u>_</u>	2
tammy@bleedblue.net	•	·		
E-mail add	fress: (to be used f	or future annual report	notification)	,
For further information concerning th	iis matter, please c	all:		ι,
Richard A. Latta	608 at (259-2648		
Name of Person	Area Cod	Daytime Tele	phone Number	
STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite Tallahassee, FL 32303		MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	
	A DEPARTMENT	OF STATE i S78.75 Filing Fee & Certified Copy	\$87.50 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.

Zephyrhills Burgers, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)	
Wisconsin	3.	92-0626354		
(State or countr	y under the law of which it is incorporated)			
September 27, 2				
(Date	of incorporation)	55		
·				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty llability)		
2651 Kirking Cor	urt			
	(Principal off	ice street address)		
Portage, WI 539	01		1000 1000 1000 1000 1000 1000 1000 100	
	(Current mailir	ng address, if different)	<u>.</u>	
. Name and <u>stree</u>	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	CT Corporation 545tem			
office Address:	1200 South Pine Island Road		2	
	Plantation	, Florida		
	(City)	(Zip code)		

9. 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.

Stephance Honay

(Registered agent's signature)

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

□Chairman	Chad A. Stevenson	🗆 Chairman	Jeffrey J. Liegel	
⊡Vice Chairman	N1756 County Road T Address:	□Vice Chairman	Address:	25 Dumke Road
Director	Endeavor, WI 53903	Director	Portage, WI 5	
President		President		
□Vice President		■Vice President		. <u></u>
□Secretary	Treasurer	Secretary		Treasurer
⊡Other	Other	□Other		⊡Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		DPresident		
□Vice President		☐Vice President	.	. <u></u>
□Secretary	Treasurer	Secretary		□Treasurer
□Other	Other	□Other	<u>_</u>	□Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director	<u>-</u>	
□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 our Elorida 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 or she is aware that 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.

13. Chad A. Stevenson, President

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, Jennifer Dohm, Deputy Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ZEPHYRHILLS 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 September 27, 2022.

1 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, 181.0214 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 December 02, 2022.

5

Jennifer Dohm

JENNIFER DOHM, Deputy 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: 348975-86A5D8E9