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COVER LETTER

~	tration Section ion of Corporations			
SUBJECT:	Tampa Burgers, Inc.			
., ., ., ., ., .	Nam	e of corporation	- must include suffix	on to Transact Business in Florida." heck are submitted to register the a. wing: mual report notification) 8 sytime Telephone Number IAILING ADDRESS: egistration Section
Dear Sir or M	adam:			
"Certificate o		ite of Good Stand	ding" and check are subm	
Please return	all correspondence concer	ming this matter	to the following:	
Richard A. Lat	ita. Esq.			
		Name of I	Person	· · · · · · · · · · · · · · · · · · ·
Stafford Roser	baum LLP			p. 3
		Firm/Com	pany	্
222 West Was	hington Avenue, Suite 900			
<u>.</u>		Addre	SS	5
Madison, WL	53703			ب
	•	City/State an	nd Zip code	D
tammy@bleed				·
	E-mail addre	ess: (to be used for	or future annual report not	tification)
For further in	formation concerning this	matter, please ca	all:	
Richard A. Lat	ta	at (259-2648	
Nam	e of Person	Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		rtion porations	
	-	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	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.

· 1

If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busine	ess in Florida)
Wisconsin	3.	3. <u>92-0645908</u>	
•	y under the law of which it is incorporated)	(FEI number, if applicable)
September 27, 2	2022 5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
651 Kirking Co	·		
		street address)	
ortage, WI 539	001		
	(Current mailing	address, if different)	
			E
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	CT Corporation System		رن
	1200 South Pine Island Road		()
			
	Plantation	33324	
	Plantation (City)	, Florida 33324 (Zip code)	
fice Address: Registered ag ving been nan signated in this ther agree to co	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	e of process for the above stated corporate of a control of the proper and complete performs to the proper and complete performs as registered agent.	t in this capaci
fice Address: Registered ag ving been nan signated in this ther agree to co	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	e of process for the above stated corporate as registered agent and agree to active to the proper and complete perfortion as registered agent.	t in this capaci

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 Jeffrey J. Liegel Name: Chad A. Stevenson □ Chairman □ Chairman N8325 Dumke Road N1756 County Road T □Vice Chairman Address: □Vice Chairman Endeavor, WI 53903 Portage, WI 53901 □ Director □ Director President President ■ Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other_____ □Other _____ ☐Other _____ □Other _____ □ 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 _____ □ Chairman ☐ Chairman Name: Name: ______ □Vice Chairman Address: □Vice Chairman Address: □ Director ☐ Director □President □ President □Vice President _____ □Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □ 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 four Florida Department of State Annual Report form. 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. 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

TAMPA 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.

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, 181.0214 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 seaf of the Department on December 02, 2022.

JENNIFER DOHM, Deputy Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Knnifu Dohn

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code: 348974-E8909FC6