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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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S. ROBERTS
DEC 14 2022

## **COVER LETTER**

| SUBJECT:                                | Fort Myers Burgers, Inc.   |       |                           |       |  |  |
|---|--|-------|---------------------------|-------|--|--|
|   | Name of corporation - must include suffix  |       |                           |       |  |  |
| Dear Sir or M                           | ladam:   |       |                           |       |  |  |
| "Certificate o                          |  | of    | Good Standi               | ing"  | rization to Transact Business in Florida."<br>and check are submitted to register the<br>Florida.              |  |
| Please return                           | all correspondence concern   | ing   | this matter to            | o the | e following:   |  |
| Richard A. La                           | ita, Esq.  |       |                           |       |  |  |
|   |  |       | Name of Po                | erso  | 1  |  |
| Stafford Roser                          | ibaum LLP  |       |                           |       |  |  |
|   |  |       | Firm/Comp                 | any   |  |  |
| 222 West Was                            | hington Avenue, Suite 900  |       |                           |       |  |  |
|   |  |       | Addres                    | S     |  |  |
| Madison, W1                             | 53703  |       |                           |       |  |  |
|   | <del></del> -  | (     | <br>City/State and        | d Zip | code   |  |
| tammy@bleed                             | blue.net   |       |                           |       |  |  |
| -                                       | E-mail addres  | s: (t | o be used for             | r fut | ure annual report notification)  |  |
| For further in                          | formation concerning this n  | iatt  | er, please cal            | 1:    |  |  |
| Richard A. Latta                        |  |       | אחא                       | 25    | 250 2648   |  |
|   | e of Person  | at    | ( <u>608</u><br>Area Code | )     | 9-2648  Daytime Telephone Number   |  |
| Many                                    | e of Leison  |       | Area Code                 |       | Daytime Telephone Number   |  |
| Name                                    |  |       |                           |       |  |  |
| STRI<br>Regis<br>Divis<br>The C<br>2415 | EET/COURIER ADDRES<br>tration Section<br>ion of Corporations<br>Centre of Tallahassee<br>N. Monroe Street, Suite 810<br>nassee, FL 32303 |       |                           |       | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |

# 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.

| ,                | able in Florida, enter alternate corporate name  | •   |                       |
|------------------|--|---|-----------------------|
| Wisconsin        | y under the law of which it is incorporated)   | 92-0710090 (FEI number, if applicable   |                       |
|                  |  |   |                       |
| October 7, 2022  | of incorporation) 5.   | . (Date of duration, if other than pe   |                       |
| (Date            | of incorporation)  | (Date of duration, if other than pe   | rpetual)              |
|                  | (SEE SECTIONS 607.1501 & 607.1   | in Florida, if prior to registration) 1502. F.S., to determine penalty liability) | <del></del>           |
| 2651 Kirking Co  | in P., tage WI S3901   | Tice <u>street</u> address)   |                       |
|                  | (Principal of  | lice street address)  |                       |
|                  | (Current maili   | ing address, if different)  | 31122 DEC             |
| . Name and stree | et address of Florida registered agent: (P.  | O. Box <u>NOT</u> acceptable)   | 1<br>U                |
| Name:            | CT Corporation System  | <del></del>   | -p                    |
| Office Address:  | 1200 South Pine Island Road  |   | ≕<br>မှ               |
| rince reducess.  | Plantation   | , Florida 33324 (Zip code)  | 1: 1: 0               |
|                  | (City)   | (Zip code)  |                       |
| Having been nam  | ent's acceptance:<br>ned as registered agent and to accept serv<br>application, I hereby accept the appoint<br>omply with the provisions of all statutes | tment as registered agent and agree to a  | ict in this capacity. |

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Jeffrey J. Liegel Name: \_\_ Name: \_\_\_\_\_Chad A. Stevenson □Chairman □ Chairman N1756 County Road T Address: \_\_\_\_\_\_N8325 Dumke Road □ Vice Chairman □Vice Chairman Endeavor, WI 53903 Portage, WI 53901 □ Director □ Director ■ President □ President □Vice President Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chaiπnan Name: □Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_\_ □ Director □ Director □President □President □Vice President \_\_ □Vice President □ Secretary ☐Treasurer $\Box {\rm Treasurer}$ □ Secretary □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 \_\_\_\_\_ □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. 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

#### FORT MYERS 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 October 07, 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 seal of the Department on December 02, 2022.

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

Jennifer 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: 348964-B5D665BA