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S. ROBERTS
DEC 14 2022

COVER LETTER

	ition Section	ions				
SUBJECT: _	argo Burgers.	Inc.				
.,obe 1		Name of corporation	ı - must include suffix			
Dear Sir or Mad	lam:					
"Certificate of E	Existence," or	y Foreign Corporation for "Certificate of Good Star poration to transact busine	nding" and check are sub			
Please return all	corresponde	nce concerning this matte	r to the following:			
Richard A. Latta,	Esq.					
		Name of	Person			
Stafford Rosenba	um LLP					
		Firm/Con	npany			
222 West Washir	ngton Avenue.	Suite 900				
		Addr	ess			
Madison, WI 53	703					
		City/State a	and Zip code			
tammy@bleedblt						
	E-	mail address: (to be used	for future annual report	notification)		
For further infor	mation conc	erning this matter, please o	call:			
Richard A. Latta		at (608	259-2648			
Name o	of Person	Area Cod	le Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		
	k payable to: I	ollowing amount: FLORIDA DEPARTMENT \$78.75 Filing Fee & Certificate of Status	FOF 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.

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(Princi	ipal offic	ce <u>street</u> add	ress)	 ,		•
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(Current	t mailin	g address, if o	different)		22050	
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pt the ap of all stat utions of	pointm tutes re my pos	nent as regis elative to the sition as reg	stered agent an e proper and co sistered agent.	e stated corpora nd agree to act i omplete perforn	n this capac	city.
of all stations o	ſ	atutes r f my po	atutes relative to the f my position as reg	ppointment as registered agent an atutes relative to the proper and configuration as registered agent. Shave Honcy	atutes relative to the proper and complete perfort f my position as registered agent.	•

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: _ Chad A. Stevenson □ Chairman Name: □ Chairman N1756 County Road T N8325 Dumke Road Address: □Vice Chairman □Vice Chairman Endeavor, WI 53903 Portage, W1 53901 □ Director □Director President □President □ Vice President ■ Vice President □ Secretary ∃Treasurer □ Secretary ☐'Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ ☐ Chairman □Chairman □ Vice Chairman Address: □Vice Chairman Address: ______ □ Director □ Director □President □President □Vice 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 _____ □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 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

LARGO 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 seal of the Department on December 02, 2022.

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

Ennifer 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: 348967-547088C3