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S. FRANKLIN DEC 15 2022

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Braden River Burgers, Inc.					
SOBJECT		of corporation	- must	include suffix		
Dear Sir or	Madam:					
"Certificate	ed "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to t	of Good Stand	ling" ar	nd check are subr		
Please retur	n all correspondence concern	ing this matter	to the f	ollowing:		
Richard A. I	Latta, Esq.					
		Name of P	erson			
Stafford Ros	senbaum LLP					
		Firm/Comp	oany			
222 West W	ashington Avenue, Suite 900					;;
		Addres	SS			F
Madison, W	1 53703					
		City/State an	d Zip c	ode		Ċ:
tammy@ble						-t;
	E-mail address	s: (to be used to	or futur	e annual report n	otification)	2: 1:3
For further	information concerning this n	natter, please ca	all:			(A)
Richard A. I	Latta	at (259-	-2648		
Na	ime of Person	Area Code		Daytime Telepl	none Number	_
Reg Div The 241	REET/COURIER ADDRES gistration Section vision of Corporations & Centre of Tallahassee (5 N. Monroe Street, Suite 81) lahassee, FL 32303			MAILING A Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
	a check for the following am check payable to: FLORIDA D Filing Fee	EPARTMENT ng Fee &	\$78.7	ATE 5 Filing Fee & ied Copy	S87.50 Fili Certificate Certified C	of Status &

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.

"Inc" "Co.," "C	orporation; must include "INCORPORATE orp," "Inc," "Co." or "Corp.")	b. committ, comortion	•	
(If name unavail	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting bu	siness in Florida)	
Wisconsin (State or country under the law of which it is incorporated)		92-0710372		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)	
October 7, 2022		5(Date of duration, if other than p		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)	
	(Date first transacted busines			
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
2651 Kirking Co	urt		← >	
		office street address)		
Portage, WI 539			. -	
	(Current ma	iling address, if different)	ا ئاء	
Name and street		DO Day NOT		
Name and stree	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	F.: 2	
Name and stree	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	F: 2:1-	
Name:		P.O. Box <u>NOT</u> acceptable)	F. 2:1-3	
Name:	CT Corporation System 1200 South Pine Island Road		F. 2: 1:3	
Name:	CT Corporation System 1200 South Pine Island Road	P.O. Box NOT acceptable) , Florida 33324 (Zip code)	Ft: 2:4-3	
Name: ffice Address:	1200 South Pine Island Road Plantation (City)		Ft 2:43	
Name: ffice Address: Registered age	CT Corporation Sustice 1200 South Pine Island Road Plantation (City) ent's acceptance:	, Florida 33324 (Zip code)	poration at the p	
Name: ffice Address: Registered age aving been namesignated in this	CT Corporation Sustem 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoint	, Florida 33324 (Zip code) rvice of process for the above stated corntment as registered agent and agree to	act in this capac	
Name: ffice Address: Registered age aving been namesignated in this rther agree to contact the second cont	CT Corporation Sugher 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept see application, I hereby accept the appoin omply with the provisions of all statute.	, Florida 33324 (Zip code) rvice of process for the above stated corntment as registered agent and agree to s relative to the proper and complete pe	act in this capac	
Name: ffice Address: Registered age aving been namesignated in this rther agree to contact the second cont	CT Corporation Sugher 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statute. with and accept the obligations of my	, Florida 33324 (Zip code) rvice of process for the above stated corntment as registered agent and agree to s relative to the proper and complete pe position as registered agent.	act in this capac	
Name: ffice Address: Registered age faving been namesignated in this erther agree to co	CT Corporation Sugher 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoin omply with the provisions of all statute. with and accept the obligations of my	, Florida 33324 (Zip code) rvice of process for the above stated corntment as registered agent and agree to s relative to the proper and complete pe	act in this capac	

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

under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name; Chad A. Stevenson	□ Chairman	Name:
□Vice Chairman	Address: N1756 County Road T	□Vice Chairman	Address: N8325 Dumke Road
□Director	Endeavor, W1 53903	□Director	Portage, WI 53901
President		□President	
□Vice President		■Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□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	
			1 (3)
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	C)
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	□Other
Important Notice: Usindividuals may be	Jse an attachment to report more than six (6). The added to the index when filing your Florida Depar	Iment of State Annual Re	d for reporting purposes only. Non-indexed eport form.

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:

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

BRADEN RIVER 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.

and of Financial Misconsin Misconsin

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official sealtof the Department on December 02, 2022.

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

Jennifur 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: 348958-728ABED1