

F24000006279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

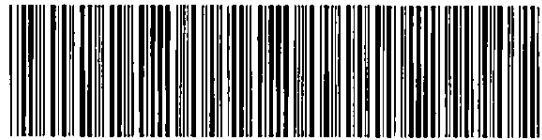
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-102273

Office Use Only



400432743944

08/22/24--01025--006 **900.00

07/11/24--01060--009 **78.75

RECEIVED

JUL - 9 2024

APPROVED
AND
FILED
2024 OCT 17 PM 3:35
OFFICE OF THE
CLERK OF THE
COURT

DEC 12 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2024

THEA FONTAVILLE
11631 STATE ROAD 70
GRANTSBURG, WI 54840 US

SUBJECT: BURNETT DAIRY CO-OPERATIVE
Ref. Number: W24000102273

We have received your document for BURNETT DAIRY CO-OPERATIVE and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$900.00.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burnett Dairy Co-operative
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:

Thea Fontanille

Name of Person

Burnett Dairy Co-operative

Firm/Company

11631 State Road 70

Address

Grantsburg, WI 54840

City/State and Zip code

thea.fontanille@burnettdairy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thea Fontanille

Name of Person

at (715)

Area Code

689-1041

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 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.

1. Burnett Dairy Co-operative
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Burnett Dairy Co-operative Corporation
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 39-1085908
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/6/1966 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/1/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11631 State Rd 70, Grantsburg, WI 54840
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

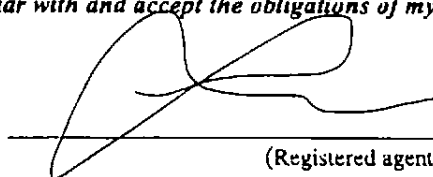
Name: Anthony Meredith

Office Address: 734 Camino Lakes Cir

Boca Raton, Florida 33486
(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.



(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.

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

APPROVED
AND
FILED
2024 OCT 17 PM 3:35
CLERK OF THE STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Matthew Winsand
☐ Vice Chairman Address: 23823 N Lara Rd
☐ Director Grantsburg, WI 54840
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Jacqueline Schommer
☐ Vice Chairman Address: 3302 County Rd W 170
☐ Director Frederic, WI 54837
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: David Gaiser
☐ Vice Chairman Address: 533 Eastwood Ct
☐ Director Eagan, MN 55123
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sreenivas Manthana
☐ Vice Chairman Address: 5178 Country Circle
☐ Director Luxotto MN 55357
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Brian Anderson
☐ Vice Chairman Address: 60688 Deer Creek Rd
☒ Director Ashland, WI 54806
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Pam Grewe
☐ Vice Chairman Address: 952 19th Ave
☒ Director Cumberland, WI 54829
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Sreenivas Manthana
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. SREENIVAS MANTHANA, CEO
(Typed or printed name and capacity of person signing application)

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, Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BURNETT DAIRY COOPERATIVE

is a domestic cooperative organized under the laws of this state and that its date of incorporation is October 04, 1966; and that thereafter a certificate of such filing and grant of corporate powers and privileges was duly issued to said organization as provided by law.

I further certify that it appears from the records of this department that said organization continued and now is a body corporate, duly and legally incorporated, organized and existing by and under the laws of this state, and is in good standing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 02, 2024.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, 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: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: 395165-D6E8C4E1