

M21000013588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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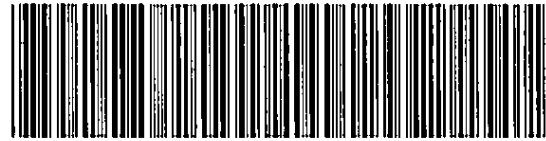
(Business Entity Name)

(Document Number)

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**DATE: 10/14/21**

**NAME: BRODERSEN PROPERTIES C-STORE, TAVARES FL, LLC**

**TYPE OF FILING: APPLICATION**

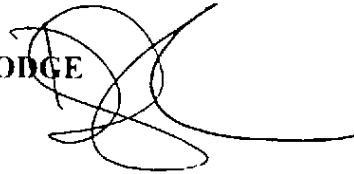
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to be a stylized 'X' or 'H' followed by a long horizontal stroke, positioned to the right of the authorization text.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Brodersen Properties C-Store, Tavares FL, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Illinois

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (VBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

101 W. Capitol St.

5. (Street Address of Principal Office)

Milwaukee, WI 53212

101 W. Capitol St.

6. (Mailing Address)

Milwaukee, WI 53212

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

Name: Universal Registered Agents, Inc.

Office Address: 1317 California Street

Tallahassee

(City)

, Florida

32304

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Jeffrey J. Seibert, Cust. Secy.  
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                 | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>             |
|--------------------------------------------|------------------------------------------|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Brodersen Management Corp.,</u> | <input checked="" type="checkbox"/> Manager | Name: <u>John R. Brodersen</u>       |
| <input checked="" type="checkbox"/> Member | Address: <u>101 W. Capitol St.</u>       | <input type="checkbox"/> Member             | Address: <u>101 W. Capitol St.</u>   |
| <input type="checkbox"/> Authorized        | <u>Milwaukee, WI 53212</u>               | <input type="checkbox"/> Authorized         | <u>Milwaukee, WI 53212</u>           |
| Person                                     | _____                                    | Person                                      | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                              | <br><input type="checkbox"/> Manager        | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                           | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                    | <input type="checkbox"/> Authorized         | _____                                |
| Person                                     | _____                                    | Person                                      | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | Name: _____                              | <br><input type="checkbox"/> Manager        | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                           | <input type="checkbox"/> Member             | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                    | <input type="checkbox"/> Authorized         | _____                                |
| Person                                     | _____                                    | Person                                      | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____        | <input type="checkbox"/> 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.

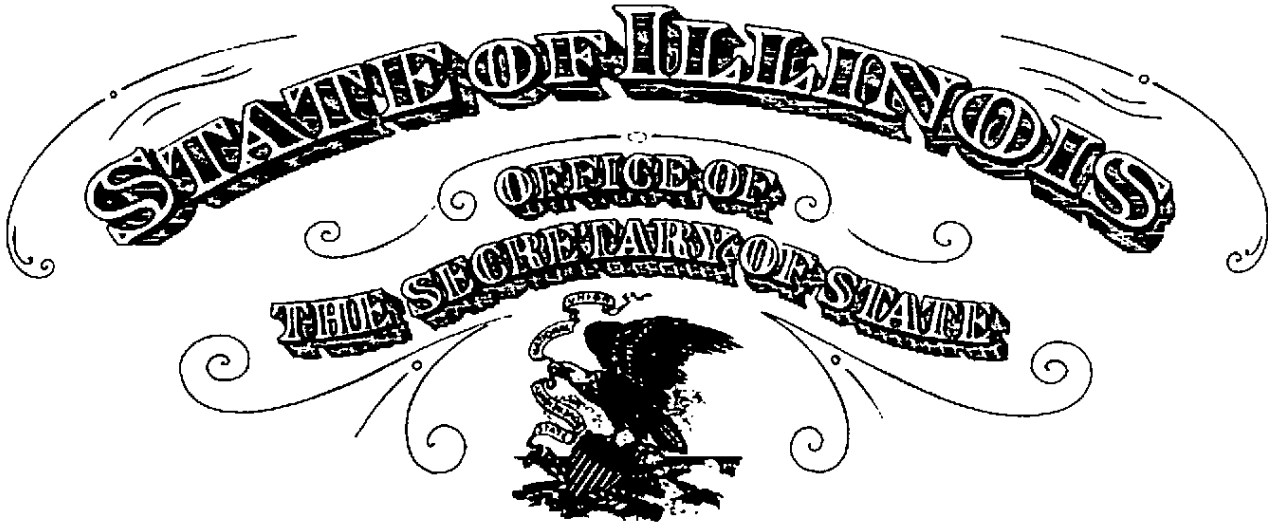
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person  
John R. Brodersen  
\_\_\_\_\_  
Typed or printed name of signer

File Number

1095601-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BRODERSEN PROPERTIES C-STORE, TAVARES FL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 12, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 13TH  
day of OCTOBER A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE