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Alison Lundergan Grimes Kentucky Secretary of State



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business En			FBE	
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	nd KRS 271B, 273, 274,275, 362 and for that purpose, submits the followin	d 386 the undersigned h ng statements:	ereby applies for au	thority to transact business in Kentucky	
business tr	a second s	corporation (KRS 273). bility company (KRS 27		nal service corporation (KRS 274). nal limited liability company (KRS 275).	
2. The name of the entity is Behnke Restaurants Etown,LLC (The name must be identical to the name on record with the Secretary of State.)					
3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.)					
Wisconsin					
4. The state or country under whose law	the entity is organized is				
5. The date of organization is $08/30/$	2016	and the period of durat			
6. The mailing address of the entity's prir	noinal office in		(17.1	eft blank, the period of duration is considered perpetual.)	
150 East Gilman Street,	iupai once is	Madison	WI	53703	
Street Address		City	State	Zip Code	
7. The street address of the entity's regis 56204 Raccoon Run Ct	tered office in Kentucky is	Louisville	KY	40241	
Street Address (No P.O. Box Numbers)	Jacon Dohnk	City	State	Zip Code	
and the name of the registered agent at the	at office is Jason Behnk	8	a an an a state of the state of		
8. The names and business addresses of	the entity's representatives (secreta	ry, officers and directors	s, managers, trustees	s or general partners):	
Michael G. Laskis 1	50 East Gilman Street	Madison	WI	53703	
	treet or P.O. Box	City	State	Zip Code	
	56204 Raccoon Run Ct. treet or P.O. Box		KY State	40241 Zip Code	
Name 3	ueet of P.O. Box	City	State	Zip Code	
Name S	treet or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, all the indivi	dual shareholders, not less than one half (1/2) of the directors, and all of th	ne officers other than the	secretary and treasurer are licensed in one or	
more states or territories of the United States or Dis	A DE SACES		antonia.cometronala recorres prove		
10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.					
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:					
13. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is					
MALY Tol.	Jaso	n Behnke, Mem		Delayed effective date and/or time) Sept. 22, 2016	
Signature of Authorized Representative		Printed Name & Title		Date	
I, Jason Behnke	, consent to serve as the registered agent on behan of the business entity.				
Type/Print Name of Registered Agent					
Stenature of Pagistary Againt	Jason Behnl Printed Name			Sept. 22, 2016	
Signature of Registered Agent	Printed Name		TILLE	Date	
(09/15)					

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