# H0700000286

(Rec	questor's Name	)		
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phor	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Continental 209 Fund LLC					
(Name of Limited Liability Company)					
•••	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited				
Please return all correspondence concerning this matter to the following:					
Liz Nelson					
(Nam	ne of Person)				
Continental Properties Company, Inc.					
(Firm/Company)					
(*	· · · · · · · · · · · · · · · · ·				
W134 N8675 Executive Park	W134 N8675 Executive Parkway				
(Address)					
Menomonee Falls, WI 53057	1				
	te and Zip Code)				
(,	_,,				
For further information concerning this matter, please	se call:				
Liz Nelson Riz nus on	at ( 262 ) 502-5500				
(Name of Person)	(Area Code & Daytime Telephone Number)				
, ,					
MAILING ADDRESS: STREET ADDRESS:					
Division of Corporations  Division of Corporations  Division of Corporations					
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
	I distributed i Li Debot				
Enclosed is a check for the following amount:					
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of S	\$155.00 Filing Fee & \$\overline{\Pi}\$\$\$\$ \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limite	ed Li	ability Company)		<del>-</del>
Wisconsin (Jurisdiction under the law of which foreign limited liabilit company is organized)	3. iy	20-5824894 (FEI number, if applicable)		<del></del>
November 6, 2006 (Date of Organization)	5.	Perpetual  (Duration: Year limited liability company exist or "perpetual")	will ceas	se to
(Date first transacted business in (See sections 608.501 & 608.502	Flor	rida, if prior to registration.) to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·	
W134 N8675 Executive Parkway, Menomon	ee	Falls, Wisconsin 53051		<del></del>
(Street Addr	ess o	of Principal Office)		
. If limited liability company is a manager-manag	ged (	company, check here 🗸		
. The name and usual business addresses of the m  Continental Properties Company, Inc.	iana	ging members or managers are as follo	ows:	
W134 N8675 Executive Parkway  Menomonee Falls, Wisconsin 53051				<del></del>
		ays old, duly authenticated by the official having		
<ol> <li>Attached is an original certificate of existence, no more than le jurisdiction under the law of which it is organized. (A photo anslation of the certificate under oath of the translator must be s</li> <li>Nature of business or purposes to be conducted</li> </ol>	copy subm	nitted.)		

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Continental 209 Fund LLC					
2. The name a	nd the Florida street address of the reg	istered agent and office are:			
	CT Corporation System	•			
	(Name	<del>)</del>			
1200 South Pine Island Road					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
		FL 33324			
	City/S	ate/Zip			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Robert S. Lane
(Signature) Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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#### United States of America

#### State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### CONTINENTAL 209 FUND LLC

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 November 1, 2006.

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, 181.1622 or 183.0120 Wis. Stats.; and that said corporation or limited liability company has not filed articles of dissolution.

Quiton Wiscorit

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 9, 2007.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Survice

Department of Financial Institutions  $\overline{\Sigma}$ 

BY:

tions assumed the functions proviously n

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.