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### **COVER LETTER**

### TO: Registration Section Division of Corporations

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SUBJECT: Continental 27 Fund Limited Partnership

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Erin Greenfield				
	Contact Person	<u></u>		
Continental Properties C	ompany, Inc.			
Firm/Company				<i></i> ,
W134 N8675 Executive	Parkway			*
· · · · · · · · · · · · · · · · · · ·	Address			
Menomonee Falls, WI 51	3051			
C	ity, State and Zip Code			
egreenfield@cproperties	com			
E-mail address: (to be a	ised for future annual repor	rt notification	)	
For further information c	oncerning this matter, plea	se call:		
Erin Greenfield		at (262	532-9	310
Name of Contact Person		Area Code and Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
□ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	© \$1,008.75 Filing Fees and Certificate of Status	□ \$1,052.50 and Cortifie	) Filing Fees ed Copy	≥ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	Registration	Corporations 327	

ap 4 of 6       2017-05-16 11 45 21 CST       195622030045 From Ram         APPLICATION BY FOREICN LIMITED PARTNERSHUP OR LIMITED LABILITY LIMITED PARTNERSHUP OR Continental 27 Fund Limited Partnership of the Control of the Control of Control o			
1. Control of Production Limited Partnership       Control Limited Partnership Limited Liability Limited Partnership, which must include suffix)         Acceptable Limited Partnership suffixes:       Limited Partnership suffixes:       Limited Partnership Limited Partnership, Li.L.P. or LLCP.         If name unavsilable, name under which the limited partnership or binited liability limited partnership proposes to register to transact business in Floride; must contain acceptable suffix.       Visconsin       3_11/20/1992         2. Wisconsin       3_11/20/1992       Date of Formation         4. Pederal Employer Identification Number.       3-11/20/1992         5. Name of Registered Agent for Service of Process and Florida Street Address:       CT Corporation System         1200 South Pine Island Road       Planation, Florida 33324         6. I hereby accept the appointment as registered agent ond agree to act in this capacity. I further agrees to comply with the provisions of all status relative to the proper and complete performance of my builties, and 1 om familiar with and accept the obligations of my position as registered agent.         CT Corporation System       CT Corporation System         By:       Signature of Registered Agent         Signature of Registered Agent       Sisstant Secretary         Signature of Registered Agent       Sisstant Secretary         Signature of Registered Agent       CT Corporation System         By:       Nalling Address:         W134 N8675 Exec	age 4 of 6	2017-05-16 11 45:21 CST	19542080845 From Ranae
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State or Country of Formation       Date of Formation         4. Federal Employer Identification Number: 39-1742764         5. Name of Registered Agent for Service of Process and Florida Street Address:         C T Corporation System         1200 South Pine Island Road         Plantation, Florida 33324         6. Thereby accept the appointment as registered agent and agree to act in this capacity. If in there agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and accept the obligations of my pastition as registered agent.         C T Corporation System         By:         C T Corporation System         By:         C T Corporation System         By:         VI34 N8675 Executive Parkway         W134 N8675 Executive Parkway         Menomonee Falls, W1 53051         Mailing Address:         Mane of General Partner:         Name o		11/20/1002	
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## 2017-05-16 11,46 21 CST

19542080845 From: Ranae McGraw C.

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	ZOITH
Name of General Partner:	2011 MAY 16 AM 90 0 Page 1 of 2 Name of General Pariner: Street Address: Street Address: 2011 MAY 16 AM 90 0 FALLAHASSEE, FLOR 10,2
Mailing Address:	Mailing Address:
2. Attached is a certificate of existence duly authenticate florida Department of State, by the Secretary of State or he law of which it is organized. Signed this day of May Signed this Sig Continent The individual signing this document affirm that the facts	after the date this document is filed by the Florida Department of State.) red, not more than 90 days prior to the delivery of this application to the other official having eustody of the entity's records in the jurisdiction under 2017 2017 2017 mature of a general partner that 27 Omog my, Inc. by Daniel J. Wing han, Presiden t s stated herein are true and the individual is aware that false information titutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
	Page 2 of 2

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To

2017-05-16 11 46:21 CST

19542080845 From Ranae McGraw

### 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, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

## **CONTINENTAL 27 FUND LIMITED PARTNERSHIP**

is a domestic Limited Partnership organized under the provisions of sec. 179.11(2) of the Wisconsin Statutes and that its date of organization is November 20, 1992.

I further certify that it appears from the records of this department that said organization continued and now is duly and legally formed, organized and existing by and under the laws of this state.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 05, 2017.

MARY ANN MCCOSHEN, 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: http://www.wdfl.org/apps/ccs/verify/ Enter this code: 199710-9D1166B7