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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Continental 102 Fund LLC		
	(Nar	ne of Limited Liability Company)	
Florid		mited Liability Company for Authorization to eck are submitted to register the above referen Florida	
Please	return all correspondence concern	ing this matter to the following:	
	Cynthia A. I	_ehrke	
		(Name of Person)	
	Continental Properties Compan	·	
		(Firm/Company)	
	W134 N8675 Executive Parkwa	у	OL AUG 23 PH 1: 12 SECTION OF STATE TALL HASSEE, FLORIDA
		(Address)	新元 25 T
			23 PI
	Menomonee Falls, WI 5		— Es 1
		(City/State and Zip Code)	
For fu	rther information concerning this n	natter, please call:	₩
		700 000	
	Cindy Lehrke	at (262) 532-9324	
	(Name of Person)	(Area Code & Daytime Telepho	one Number)
	STREET ADDRESS:	MAILING ADDRESS:	
		Registration Section	
Division of Corporations Division of Corporations			
		P.O. Box 6327	
	Tallahassec, Florida 32399	Tallahassee, Florida 32314	
Enclo	sed is a check for the following am	ount:	
	☐ \$125.00 Filing Fee ☐ \$130.00 Fi		Filing Fee, Certificate 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:

Continental 102	(Name of Foreign Limited Liability Company)	
State of Missen		
State of Wiscon: Jurisdiction unde company is organ	τ the law of which foreign limited liability (FEI number, if applicable)	
November, 199	5. Perpetual (Duration: Year limited liability company will ceresist or "perpetual")	ise to
August, 2004		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
W134 N8675 E	xecutive Parkway	
Menomonee Fa	alls, WI 53051	
	(Street Address of Principal Office)	
If limited liab	ility company is a manager-managed company, check here	OUA AUG
The name and	usual business addresses of the managing members or managers are as follows	23 PH
Continental Pr	operties Company, Inc.	<u> </u>
W134 N8675	Executive Parkway	:
Menomonee F	falls, WI 53051	
jurisdiction under Instation of the cert	iginal certificate of existence, no more than 90 days old, duly authenticated by the official having custod the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual ificate under eath of the translator must be submitted.)	ige, a
	siness or purposes to be conducted or promoted in Florida: Own, Develop and Man	age
Real Estate	A-1-2-101 15 5 5 5 1 1 1 0	*
	Continental 102 Fund. LC By: Continental Properties Company, Inc., its Manager	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.)	
	Daniel J. Minahan, President	
	Typed or printed name of signee)	

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.

Continental 1	02 Fund LLC		<u> </u>	<u> </u>
2. The name	e and the Florida street address o	of the registered agent	and office	are:
	Continental Development Cor	mpany, Inc Florida		
		(Name)		
	1538 The Greens Way, Sutie	105		
•	Florida Street Add	ress (P.O. Box NOT ACCE	PTABLE)	
	Jacksonville Beach,	FL 32250		<u> </u>
		City/State/Zip		

liability company at the place designated in this certificate, I hereby accept the appointment as registant 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 acceptable obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Signature)

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

DOM 183

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 102 FUND LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is November 4, 1998.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 18, 2004.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

Jethy Mickelson

BY:

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.