# M06000001896

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
MAIL WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000068978880

03/30/06--01042--009 \*\*130.00

OG MAR 30 AM II: 59 SECRETARY STATE

ran wo libra a ---

### **COVER LETTER**

U	istration Section ision of Corporations	
SUBJECT:	: Continental 179 Fund L (Nam	LC e of Limited Liability Company)
Florida," Ce		mited Liability Company for Authorization to Transact Business in eck are submitted to register the above referenced foreign limited Florida
Please retur	n all correspondence concerni	ng this matter to the following:
	Sandy Smallish	
		(Name of Person)
	Continental Propertion	
		(Firm/Company)
	W134 N8675 Exe	
		(Address)
	Menomonee Falls	
		(City/State and Zip Code)
For further	information concerning this m	atter, please call:
Sa	ndy Smallish	at ( 262 ) 502-5500
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:		STREET ADDRESS:
Division of Corporations		Division of Corporations
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle
Tank	anassee, 115 32314	Tallahassee, FL 32301
	a check for the following amo 25.00 Filing Fee	

# 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:

1. Continental 179	Fund LLC (Name of Foreign Lim	ted I	ability Company)	<u>-</u> <u>-</u>			e ger
2. Wisconsin (Jurisdiction under the company is organized	law of which foreign limited liabi	3	20-3826952 (FEI number, if app	clicable)	<u> </u>	_	-
4. 11/03/05 (Date of	f Organization)	<b>- 5</b> .	Perpetual  (Duration: Year limited liability of exist or "perpetual")	compan Will o	cease to	_	
6. Date of qualifi	(Date first transacted business (See sections 608.501 & 608.502	in Flor 2 F.S.	ida, if prior to registration.) to determine penalty liability)	ETAKT OF HASSEE,	R 30 AM	FILED	
	Executive Parkway  falls, WI 53051  (Street Add)	lress c	f Principal Office)	FLORIDA FLORIDA	59	- -	
9. The name and usu	company is a manager-mana	ged (	. ,	as follows:			
W134 N8675	eperties Company, Inc.  Executive Parkway  Falls, WI 53051			Apple Street			,
10. Attached is an original the jurisdiction under the l	certificate of existence, no more than	осору	nys old, duly authenticated by the offici is not acceptable. If the certificate is in itted.)			cords	in
11. Nature of busine	ss or purposes to be conducte	d or	promoted in Florida: Own a	nd manage	real	esta	te
By:	Signature of a member or of (In accordance with section 603-408) an affirmation under the penalties of Paul R. Seifert, Vice P	autl 3), F.S perjur		corporati	ipany ion,	its	manage
	Typed or pri	nted i	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.

1. The name of the Limited Liability Con	mpany is:		
Continental 179 Fund LLC		· · · · · · · · · · · · · · · · · · ·	
2. The name and the Florida street address	ss of the registered agent and office a	re:	
C T Corporation System (Name)		SECRE!	: :
1200 South Pine	•	AK 30 A ETAKY 0 AHASSEE	3 =
Florida Street A	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	mc 3	ED
Plantation	FI. 30361	Lor	: n

City/State/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.

Jeffrey R. Graves
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)

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

#### **CONTINENTAL 179 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, 2005.

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  $183.01\overline{20}$  Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 27, 2006.

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

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.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

24108-A3AE898A