Division of Corporations Electronic Filing Cover Sheet

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(((H150000573103)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092

Fax Number : {850}878~5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Continental 332 Fund LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	S125.00

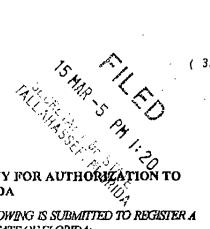
Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECTO	Continental 332 Fund LLC				
Name of Limited Liability Company					
The enclosed Existence, and	"Application by Foreign Limited Lia I check are submitted to register the :	bility Company for Authorization to Transact Eabove referenced foreign limited liability comp	lusiness in Plorida," Certificate of any to transact business in Plorida		
Please return a	all correspondence concerning this m	natter to the following:			
	Legal Department				
		Name of Person			
	Continental Properties Company, Inc.				
	Firm/Company				
	W134 N8675 Executive Parkway				
		Address			
	Menomonee Falls, WI 530\$1				
		City/State and Zip Code			
	mguzman@cproperties.com				
	E-mail address	e: (to be used for future annual report notification)			
For further inf	ormation concerning this matter, plea	ase call:			
Meli	ssa Guzman	ni (262) 532-9313			
<u></u>	Name of Contact Person	at (262) 532-9313 Area Codo Daytimo To	elephone Number		
Divis Regi: P.O.	LING ADDRESS; tion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallulussee, Fl. 32301			
	a check for the following amo 25.00 Filing Fee CJ \$130.00 Filin Certificate o	ng Fee & 🔲 \$155.00 Filing Fee & 🖂 \$1	60.00 Filing Fee, Certificate Status & Certified Copy		



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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LARGETY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA.

FOREIGN LIA	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Continental	
(14)	une of Foreign Umited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C."
If name unavaila iability Compan	ble, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited y," "L.L.C," or "LLC.")
Wisconsin	3. 47-2341211
(Jurisdiction un company is o	nder the law of which foreign limited liability (FEI number, if applicable) rganized)
upon appro	val
	(Date lirst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
Continental	Properties Company, Inc.
W134 N86	75 Executive Parkway, Menomoneo Falls, WI 53051
	(Street Address of Principal Office)
Continental	Properties Compuny, Inc.
W134 N86	75 Executive Parkway, Menoniones Falls, W1 53051
	(Mailing Address)
7. The name	e, title or capacity and address of the person(s) who has/have authority to manage is/are:
	• •
aniel J. Mina	han, President of Continental Properties Company, Inc., its Manager
V134 N8675 I	Executive Parkway
Acnomonee Pr	alls, WI 53051
. Attached i	s an original certificate of existence, no more than 90 days old, duly authenticated by the official
aving custo	dy of records in the jurisdiction under the law of which it is organized. (A photocopy is not
	f the certificate is in a foreign language, a translation of the certificate under oath of the translator
rust be subr	nitted)
	Ah Ah
	Signature of an authorized neuron
n accordance with n aware that any	Signature of an authorized person section 605.0203, P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Take information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.155, P.S.)
	Joshua A. Gunn
	Typed or printed name of signce

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

TS MAR-S PM 1:20
TATEMASSEE FLORIDA PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 nam	e of the Limited Liability	Company is:			
Continental 3	32 Fund LLC				
If unavailable, the alternate to be used in the state of Florida is: 2. The name and the Florida street address of the registered agent and office are:					
		(Name)			
	1200 South Pine Island	Rond			
	Florida St	treet Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324			
		City/State/Zip			
liability con registered a statutes rela	npany at the place designa igent and agree to act in th ating to the proper and con- bligations of my position o	nt and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida			
	C T Corporation Sys	num Rebecca Barth			
		(Signature)			
·	\$ 1	100.00 Filing Fee for Application			
	S	25.00 Designation of Registered Agent			

\$ 30.00

\$ 5.00

Certified Copy (optional)

Certificate of Status (optional)

DOM NEW 180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions do hereby certify that

CONTINENTAL 332 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 14, 2014.

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.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 2, 2015.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

BY:

at by Mickelson

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.