## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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# Foreign Limited Liability Company CONTINENTAL 64 FUND LLC

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ALLAHASSEE, FLORID

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**9 Warren** 

MAY 1 0 2017

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#### COVER LETTER

	Continental 64 Fur	nd LLC					
UBJECT: _		Name of Limited Liability Company					
					unsact Business in Florida," ( y company to transact busine		
ease return a	all correspondence	concerning this matter to the	following:				
	Erin Greenfiel	d					
	Name of Person						
	Continental Properties Company, Inc.						
	Firm/Company W134 N8675 Executive Parkway						
	Address  Menomonee Falls, WI 50351						
		City/S	State and Zip Code				
		E-mail address: (to be use	d for future annual	report not	rification)		
or further info	ormation concerni	ng this matter, please call:					
Erin (	Greenfield		262 at (	532-93	10		
	Name	of Contact Person	Area Code		rtime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Divisions of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	theck for the follow 25.00 Filing Fee	ring amount:  \$\square\$ \$130,00 \text{ Fling Fee & Certificate of Status}\$	☐ \$155.00 Filing Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cert of Status & Certified Copy		

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

Continental 64 Fund LI	LC		
(Name of For	ign Limited Liability Company; must include "	'Limited Liability Company," "L.L.C.," o	or "LLC.")
If name unavailable, enter a sability Company," "L L.C.	ternate name adopted for the purpose of transaction "LLC.")	ting business in Florida. The alternate na	ame must include "Limited
Wisconsin	3 39	-1895662	
	of which foreign limited liability	(FEI number, if applicabl	e)
· <del></del>	/S		<del></del>
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
W134 N8575 Executiv	e Parkway, Menomonee Falls, Wisconsin	53051	三二二
			- 두양 🛎
	(Street Address of Principal O	Fice)	
W134 N8675 Executive	Parkway, Menomonee Falls, Wisconsin 5		<b>6</b> 250
	, talling, mademone rans, waterdain		
		•	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
***************************************	(Mailing Address)		
. Name and street addres	s of Florida registered agent: (P.O. Box N	IOT acceptable)	MI: 12 COF STATE EE. FLORID
Name:	CT Corporation System		<b>2</b>
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	
	(City)	, Florida (Zip code)	<del>-</del>
esignated in this applical complywith the provision occept the obligations of n	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- tions of all statutes relative to the proper an- tary position as registered agent.  C T Corporation System  (Registered agent's	egistered agent and agree to act in to d complete performance of my dutie MALAS	his capacity. I further a
The name title or cana	city and address of the person(s) who has/h	ave authority to manage is/are:	
•	ent of Continental Properties Company, Inc		.LC
V134 N8675 Executive Pa	kway, Menomonoe Falls, WI, 53051		
Attached is a certificate prisdiction under the law of the translator must be su	of existence, no more than 90 days old, dul f which it is organized. (If the certificate is bmitted)	y authenticated by the official having in a foreign language, a translation of	of the certificate under o
	Signature of an autho	rized person	-VAM
	in accordance with section 605.0203 (1) (b the Department of State constitutes a third		
	•	• •	-
	Daniel J. Minahan		

### 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 64 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 June 6, 1997.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



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.wdfi.org/apps/ccs/verify/

Enter this code:

199711-ED806B12