

To: Page 2 of

7-08-2018 08:29:09 CST

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From: Kimberly Lauchney

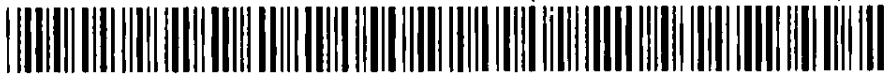
8/25/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****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 409 FUND LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
2017 AUG 25 AM 10:51
STATE OF FLORIDA
TALLAHASSEE

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TALLAHASSEE

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Help

S. WARREN

AUG 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continental 409 Fund LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erin Greenfield

Name of Person

Continental Properties Company, Inc.

Firm/Company

W134 N8675 Executive Parkway

Address

Menomonee Falls, WI 53051

City/State and Zip Code

egreenfield@properties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Greenfield

262

532-9310

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Continental 409 Fund LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
- (If name unavailable, enter alternate name allowed for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Wisconsin 3. 81-5200638
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. W134 N8675 Executive Parkway 6. W134 N8675 Executive Parkway
(Street Address of Principal Office) (Mailing Address)
Menomonee Falls, WI 53051 Menomonee Falls, WI 53051

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CI Corporation Systems

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Chris Rickard Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
- | Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|--|---|---|
| <u>CEO of Continental Properties Company, Inc., manager of Continental 409 Fund LLC</u> | <u>James H. Schloemer</u>
<u>W134N8675 Executive Pkwy</u>
<u>Menomonee Falls, WI 53051</u> | <u>President of Continental Properties Company, Inc., manager of Continental 409 Fund LLC</u> | <u>Daniel J. Minahan</u>
<u>W134N8675 Executive Pkwy</u>
<u>Menomonee Falls, WI 53051</u> |
| <u>Treasurer of Continental Properties Company, Inc., manager of Continental 409 Fund LLC</u> | <u>Edward J. Madell</u>
<u>W134N8675 Executive Pkwy</u>
<u>Menomonee Falls, WI 53051</u> | <u>Secretary of Continental Properties Company, Inc., Manager of Continental 409 Fund LLC</u> | <u>Paul R. Seifert</u>
<u>W134N8675 Executive Pkwy</u>
<u>Menomonee Falls, WI 53051</u> |

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daniel J. Minahan
Signature of an authorized person

Daniel J. Minahan
Typed or printed name of officer

FILED
17 AUG 25 AM 10:07
CLERK OF THE COURT
JUDICIAL CIRCUIT IN FLORIDA

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 409 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 February 01, 2017.

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 August 22, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

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: 205693-A2477955