12/8/2017

Division of Corporations



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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

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# Foreign Limited Liability Company Continental 117 Fund LLC

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TO: Registration Section

## COVER LETTER

Div	ision of Corporatio						
SUBJECT:	Continental 117-2 F				10.000 t		
		Name of Limited Liability Company					
The enclosed Existence, at	l "Application by Fond check are submitted	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Transact Business is ed liability company to tra	n Florida," Certificate of nsact business in Florida.		
Please return	all correspondence	concerning this matter to the	following:				
	Erin Rivers						
	Name of Person						
	Continental Properties Company, Inc.						
	Finis/Company						
	W134 N8675 Executive Parkway						
	·		Address				
	Menomonee Fails, WI 53051						
City/State and Zip Code							
	erivers@cproper				<u> </u>		
		E-mail address: (to be use	d for future annual	report notification)	是当一		
For further is	nformation concernir	g this matter, please call:					
Eri	a Rivers		262 at (	532-9310	<u> </u>		
<del></del> -	Name (	of Contact Person	Area Code	Daytime Telephone	معد ،		
Div Reg P.O	JLING ADDRESS: ision of Corporation; istration Section . Box 6327 lahassee, FL 32314	•		STREET ADDRESS: Division of Corporations Registration Section Cliflon Building 2661 Executive Center Ci Tallahassee, FL 32301	irele		
	check for the follow 125.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee & S160.00 Fil of Status & Ce	ing Fee, Certificate rtified Copy		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Continental 117-2 Fund LLC (Name of Foreign Limited Linking Company, must include "Limited Liability Company," "LL.C.," or "(LC.") (If more unavailable, codes alternate name adopted for the purpose of transacting business in Florida. The alternate must make must make "Limited Liability Computy," "LLC," or "LLC," or "LLC," 2 Wisconsin (FEI mamber, if applicable) (Friediction ander the law of which foreign lamited liability company is organized) (Data first transacted business in Florida, if prior to registration.)
(See actions 605 (1984 & 605,0905, F.S. to determine penalty liability) 6. W134 NS675 Executive Parkway W134 N8675 Executive Parkway (Mailing Address) (Street Address of Principal Office) Menomonee Falls, WI 53051 Menomonee Falls, WI 53051 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation Name: 1200 S Pine Island Rd #250 Office Address: Plantation, FL 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. 11 Kristin Bolden - ASSISTANT SOCIOLARY . [) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ζħ Name and Address: Name and Address: Title or Capacity: Title or Capacity: See attached list (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 \$.817.155, F.S. Daniel J. Micahan, President of Continental Properties Company, Mr.,
Typodia priced name of signer mathager of Continental 117 Fund LLC.
Manager of Continental 117-2 Fund LLC 8. The name, title or capacity and address of the person(s) who has/have authority to manager is/are:

• •	•	
Title or Capacity:	Name and Address:	
President of Continental Properties Company, Inc., manager of Continental 117 Fund LLC, manager of Continental 117-2 Fund LLC	Daniel J. Minahan W134 N8675 Executive Parkway, Menomonee Falls, WI 53051	
VP & Treasurer of Continental Properties Company, Inc., manager of Continental 117 Fund LLC, manager of Continental 117-2 Fund LLC	Edward J. Madell W134 N8675 Executive Parkway, Menomonee Falls, WI 53051	
VP of Continental Properties Company, Inc., manager of Continental 117 Fund LLC, manager of Continental 117-2 Fund LLC	Kimberly Grimm W134 N8675 Executive Parkway, Menomonee Falls, WI 53051	
CEO of Continental Properties Company, Inc., manager of Continental 117 Fund LLC, manager of Continental 117-2 Fund LLC	James H. Schloemer W134 N8675 Effective Parkway, Menomonee Palls, WI 53051	Mar 1707 - 0
VP & Secretary of Continental Properties Company, Inc., manager of Continental 117 Fund LLC, manager of Continental 117-2 Fund LLC	Paul R. Scifert W134 N8675 Executive Parkway, Menomonee Falls, W153051	5 5 5 5 5 5

## 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 117-2 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 December 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 December 08, 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:

210655-0759D173