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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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 495 FUND LLC

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|-----------------------|----------|
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Help

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 495 Fund LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wisconsin

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3562282

(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. W134N8675 Executive Pkwy

(Street Address of Principal Office)

Menomonee Falls, WI 53051

6. W134N8675 Executive Pkwy

(Mailing Address)

Menomonee Falls, WI 53051

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

Name: C T Corporation System

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.

By: C T Corporation System

(Registered agent's signature)

James M. Halpin
Assistant Secretary

** See Attached Page **

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

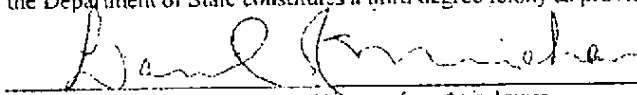
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person

Daniel J Minahan, President of Continental Properties

Typed or printed name of signer
company, Inc. Manager of Continental 495 Fund LLC

Attachment to Application by Foreign Limited Liability Company For Authorization To
Transact Business In Florida

Name of Foreign Limited Liability Company: Continental 495 Fund LLC

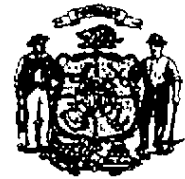
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity: | Name and Address |
|---|---|
| Manager of Continental 495 Fund LLC | Continental Properties Company, Inc. W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| President of Continental Properties Company, Inc., manager of Continental 495 Fund LLC | Daniel J. Minahan W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| CEO of Continental Properties Company, Inc., manager of Continental 495 Fund LLC | James H. Schloemer W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| Treasurer & Executive Vice President of Continental Properties Company, Inc., manager of Continental 495 Fund LLC | Edward J. Madell ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| Secretary & Executive Vice President of Continental Properties Company, Inc., manager of Continental 495 Fund LLC | Paul R. Seifert ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| Executive Vice President of Continental Properties Company, Inc., manager of Continental 495 Fund LLC ✓ | Kimberly Grimm W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| Vice President of Continental Properties Company, Inc., manager of Continental 495 Fund LLC | Ryan Folger W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |
| Vice Chairman of Continental Properties Company, Inc., manager of Continental 495 Fund LLC | Gerard Severson W134 N8675 Executive Parkway Menomonee Falls, WI 53051 |

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 495 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 13, 2019.

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.

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CLERK OF STATE
TALLAHASSEE FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 22, 2019.

A handwritten signature in cursive script that reads "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.wdfi.org/apps/ccs/verify/>

Enter this code: 253886-033A5539