

M21000011093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

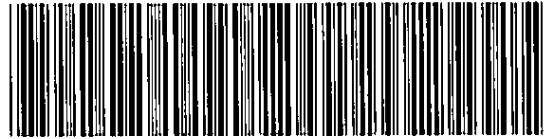
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 19 PM 12:19

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TALLAHASSEE, FL 32304

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2021

CT

SUBJECT: CONTINENTAL 611 FUND LLC
Ref. Number: W21000115071

We have received your document for CONTINENTAL 611 FUND LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please use section 8 to list the Mgr and AR. The attachment is only for extra members or Mgr. and AR,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 321A00020022

CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****Date:** 08/19/2021

Acc#120160000072

en: c SW

Name:	Continental 601 Fund LLC
Document #:	
Order #:	13839245

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of:	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00****Thank you!**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Continental 611 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:

Brigid Duffy
Name of Person

Continental Properties Company, Inc.
Firm/Company

W134N8675 Executive Parkway
Address

Menomonee Falls, WI 53051
City/State and Zip Code

bduffy@cproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigid Duffy at (262) 532-9358
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 611 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. Delaware 3. 86-2771538
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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 Parkway 6. W134N8675 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: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) Florida (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: Jeanne Nelson Jeanne Nelson
(Registered agent's signature)

****See Attachment for Additional APs****

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Continental Properties Company, Inc.</u> W134 N8675 Executive Parkway	<input type="checkbox"/> Manager	Name: <u>James H. Schloemer, CEO & Chairman</u> W134 N8675 Executive Parkway
<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>	<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>
<input type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Daniel J. Minahan, President</u> W134 N8675 Executive Parkway	<input type="checkbox"/> Manager	Name: <u>Edward J. Madell, Treasurer & Executive Vice President</u> W134 N8675 Executive Parkway
<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>	<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>
<input checked="" type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Paul R. Seifert, Secretary & Executive Vice President</u> W134 N8675 Executive Parkway	<input type="checkbox"/> Manager	Name: <u>Kimberly A. Grimm, Executive Vice President</u> W134 N8675 Executive Parkway
<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>	<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>
<input checked="" type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:
Daniel J. Minahan
6EFE271818004D3..

Signature of an authorized person



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

Name of Limited Liability Company: Continental 611 Fund LLC

4. The names and addresses of the additional officers are:

Title or Capacity:	Name and Address
Executive Vice President	Ryan Folger W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Vice Chairman	Gerard L. Severson W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Senior Vice President	Joseph Bagby W134 N8675 Executive Parkway Menomonee Falls, WI 53051

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL 601 FUND LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3810957 8300

SR# 20213018765

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203953464

Date: 08-18-21