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Florida Department of State  
Division of Corporations  
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To:

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

From:

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## Foreign Limited Liability Company CONTINENTAL 678 FUND LLC

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S. HAWKES  
FEB - 2021

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 678 FUND LLC

(Name of foreign limited liability company; must include "limited liability company," "LLC," or "L.L.C.")

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

2. DELAWARE

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

3. (EIN number, if applicable)

UPON FILING OF THIS APPLICATION

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

W134 N8675 EXECUTIVE PARKWAY

5. (Street Address of Principal Office)

MENOMONEE FALLS, WI 53051

W134 N8675 EXECUTIVE PARKWAY

6. (Mailing Address)

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 S PINE ISLAND ROAD

PLANTATION

(City)

, Florida

33324

(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.

Stephanie Hencz

Stephanie Hencz, Assistant Secretary 03/02/2022

(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: <u>James H. Schloemer</u>	<input type="checkbox"/> Manager	Name: <u>Daniel J. Minahan</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>
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</u>	 <input type="checkbox"/> Manager	Name: <u>Edward J. Madell</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Kimberly Grimm</u>	 <input type="checkbox"/> Manager	Name: <u>Joseph Bagby</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>
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.

Digitally signed by Daniel J. Minahan  
 Signature of an authorized person  
 Daniel J. Minahan, President of Continental Properties Company, Inc.,  
 Manager of Continental 678 Fund LLC  
 Typed or printed name of signer



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CONTINENTAL 678 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 FIRST DAY OF MARCH, A.D. 2022.

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



6549876 8300

SR# 20220838326

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 202799041

Date: 03-01-22