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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:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bduffy@cproperties.com

**Foreign Limited Liability Company  
 CONTINENTAL 736 FUND LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2024 JAN 19 PM 4: 51

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
 MAIL ROOM

2024 JAN 19 PM 4: 14

FILED



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 736 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 92-2849475 (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 (Street Address of Principal Office)  
Menomonee Falls, WI 53051

6. W134N8675 Executive Parkway (Mailing Address)  
Menomonee Falls, WI 53051

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 /s/Sandra Zwijack Assistant Secretary  
(Registered agent's signature)

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\*See Additional Sheet\*

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>	<input type="checkbox"/> Manager	Name: <u>James H. Schloemer</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Parkway</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Parkway</u>
<input type="checkbox"/> Authorized Person	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Menomonee Falls, WI 53051</u>
<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</u>	<input type="checkbox"/> Manager	Name: <u>Paul R. Seifert</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Parkway</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Parkway</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Menomonee Falls, WI 53051</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Edward J. Madell</u>	<input type="checkbox"/> Manager	Name: <u>Kimberly Grimm</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Parkway</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Parkway</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Menomonee Falls, WI 53051</u>
<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.

Daniel J. Minahan 14  
 Signature of an authorized person

Daniel J. Minahan, President of Continental Properties Company, Inc., Manager of Continental 736 Fund LLC  
 Typed or printed name of signer

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

Name of Limited Liability Company: Continental 736 Fund LLC

4. The names and addresses of additional authorized persons are:

Title or Capacity:	Name and Address
Authorized Person	Joseph Bagby W134 N8675 Executive Parkway Menomonee Falls, WI 53051

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL 736 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 JANUARY, A.D. 2024.

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



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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SR# 20240159393

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

Authentication: 202616140

Date: 01-18-24