

MZ4000001873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

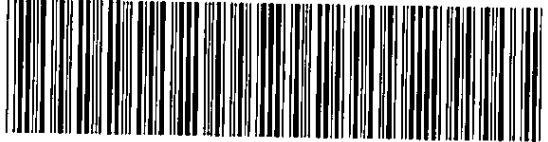
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 15 2024
K. Brumbley

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/14/2024

Acc#I20160000072

eric DW

| | |
|-------------|--------------------------|
| Name: | Continental 763 Fund LLC |
| Document #: | |
| Order #: | 15380972 - 1 |

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

Email Address for Annual Report Notifications:

| |
|-------------------------------|
| <i>bduffy@cproperties.com</i> |
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| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Continental 763 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 763 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. 93-3271785 (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) 6. W134N8675 Executive Parkway (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: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

2024 FEB 14 AM 10:38 APPROVED AND FILED

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

****See Attachment for Additional Authorized Person****

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>Edward J. Madell</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>Paul R. Seifert</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

Signature of an authorized person

Daniel J. Minahan, President of Continental Properties Company, Inc.,
Manager of Continental 763 Fund LLC

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

Name of Limited Liability Company: Continental 763 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

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL 763 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

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



7656765 8300

SR# 20240483249

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.

Authentication: 202800429

Date: 02-13-24