

# Florida Department of State

Division of Corporations

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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 919 Fund LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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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 919 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. 33-1639805  
(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: 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 Sandra Zwijack  
(Registered agent's signature)

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**\*\*See Attachment\*\***

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 Parkway</u>		<input type="checkbox"/> Member	Address:	<u>W134N8675 Executive Parkway</u>	
		<u>Menomonee Falls, WI 53051</u>				<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>Edward J. Madell</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>	
		<u>Menomonee Falls, WI 53051</u>				<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>Kimberly Grimm</u>		<input type="checkbox"/> Manager	Name:	<u>Garrett Hrnair</u>	
<input type="checkbox"/> Member	Address:	<u>W134N8675 Executive Parkway</u>		<input type="checkbox"/> Member	Address:	<u>W134N8675 Executive Parkway</u>	
		<u>Menomonee Falls, WI 53051</u>				<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.

Daniel J. Minahan

Signature of an authorized person

Daniel J. Minahan, President of Continental Properties Company, Inc., its Manager

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 919 Fund LLC

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

Title or Capacity:	Name and Address
Manager	Continental Properties Company, Inc. 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 919 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 SEVENTH DAY OF JANUARY, A.D. 2025.

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

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.

Jeffrey W. Bullock, Secretary of State

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SR# 20250049456

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

Authentication: 202634567

Date: 01-07-25