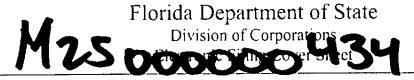
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Division of Corporations



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Foreign Limited Liability Company Continental 919 Fund LLC

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Help

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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. W134N8675 Executive Parkway W134N8675 Executive Parkway (Street Address of Principal Office) Menomonee Falls, WI 53051 Menomonee Falls, WI 53051 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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. Grade Jugar. Sandra Zwijack By: C T Corporation System

(Registered agent's signature)

From: Daylen Platt

See Attachment

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: James H. Schloemer	□Manager	Name: Daniel J. Minahan
□Member	Address: W134N8675 Executive Parkway Menomonee Falls, WI 53051	□Member	Address: W134N8675 Executive Parkway Menomonee Falls, WI 53051
XI Authorized		X Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Edward J. Madell	□Manager	Name: Paul R. Seifert
□Member	Address: W134N8675 Executive Parkway	□Member	Address: W134N8675 Executive Parkway
XAuthorized	Menomonee Falls, W1 53051	Authorized	Menomonee Falls, WI 53051
Person		Person	
Other	Other	□Other	Other
□Manager	Name: Kimberly Grimm	□Manager	Name: Garrett Hrncir
□Member	Address: W134N8675 Executive Parkway Menomonee Falls, WI 53051	□Member	Address: W134N8675 Executive Parkway Menomonee Falls, WI 53051
XAuthorized			
Person		Person	
□Other	Other	Other	Other
indexed individuals 9. Attached is a cert	se an attachment to report more than six (6). The at may be added to the index when filing your Florida ificate of existence, no more than 90 days old, duly the law of which it is organized. (If the certificate is in	Department of State authenticated by the	Annual Report form. official having custody of records in the

- 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. Minalian	بدر
Supplier of an authorized person	•

From: Daylen Platt

: Page: 5 of 6 2025-01-08 10:00:22 CST Docusign Envelope ID: AA0262E4-FA76-4D35-B168-A569E2C9E2C6

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.

Authentication: 202634567

Date: 01-07-25