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**Foreign Limited Liability Company
Continental 466 Fund LLC**

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JUN 10 2019



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

IN COMPLIANCE WITH SECTION 605 (F.S.), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Continental 460 Fund LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, use 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. Wisconsin 3. 83-1497194
(State/territory 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 605.9904 & 605.9905, F.S. to determine penalty liability)

5. W134N8675 Executive Pkwy
(Memomonee Falls, WI 53051)
6. W134N8675 Executive Pkwy
(Memomonee 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

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
Kimberly Laughrey
Assistant Secretary

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]: **See Attachment**

<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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 Minahan
Signature of an authorized person

Daniel J. Minahan, President of continental Properties company, Inc., Manager of continental 406 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 Foreign Limited Liability Company: Continental 466 Fund LLC

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address
Continental Properties Company, Inc., Manager ✓	Continental Properties Company, Inc. W134 N8675 Executive Parkway ✓ Menomonee Falls, WI 53051
President of Continental Properties Company, Inc., manager of Continental 466 Fund LLC ✓	Daniel J. Minahan ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051
CEO of Continental Properties Company, Inc., manager of Continental 466 Fund LLC ✓	James H. Schloemer ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Treasurer & Executive Vice President of Continental Properties Company, Inc., manager of Continental 466 Fund LLC ✓	Edward J. Madell ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Secretary & Executive Vice President of Continental Properties Company, Inc., manager of Continental 466 Fund LLC ✓	Paul R. Scifert ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Executive Vice President of Continental Properties Company, Inc., manager of Continental 466 Fund LLC ✓	Kimberly Grimm ✓ W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Vice President of Continental Properties Company, Inc., manager of Continental 466 Fund LLC	Ryan Folger W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Vice Chairman of Continental Properties Company, Inc., manager of Continental 466 Fund LLC	Gerard Severson W134 N8675 Executive Parkway Menomonee Falls, WI 53051

2019 JUN -7 10:43:33
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United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CONTINENTAL 466 FUND LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 29, 2018.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

Continental Fund LLC
June 29, 2018

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 07, 2019.

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 246531-8480D2B8