

M21000011093

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 AUG 19 PM 12:19
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TALLAHASSEE, FL 32399

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2021 AUG 24 PM 12:07
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TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2021

CT

SUBJECT: CONTINENTAL 611 FUND LLC
Ref. Number: W21000115071

We have received your document for CONTINENTAL 611 FUND LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please use section 8 to list the Mgr and AR. The attachment is only for extra members or Mgr. and AR,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 321A00020022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 08/19/2021

Acc#120160000072

Eric D.W.

Name:	Continental 601 Fund LLC
Document #:	
Order #:	13839245

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:	
		Number of Certs:	

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

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Continental 611 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

****See Attachment for Additional APs****

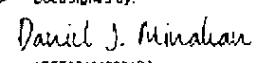

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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> <u>W134 N8675 Executive Parkway</u>	<input type="checkbox"/> Manager	Name: <u>James H. Schloemer, CEO & Chairman</u> <u>W134 N8675 Executive Parkway</u>
<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>	<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>
<input type="checkbox"/> Authorized Person	_____	<input checked="" 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: <u>Daniel J. Minahan, President</u> <u>W134 N8675 Executive Parkway</u>	<input type="checkbox"/> Manager	Name: <u>Edward J. Madell, Treasurer & Executive Vice President</u> <u>W134 N8675 Executive Parkway</u>
<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>	<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>
<input checked="" type="checkbox"/> Authorized Person	_____	<input checked="" 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: <u>Paul R. Seifert, Secretary & Executive Vice President</u> <u>W134 N8675 Executive Parkway</u>	<input type="checkbox"/> Manager	Name: <u>Kimberly A. Grimm, Executive Vice President</u> <u>W134 N8675 Executive Parkway</u>
<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>	<input type="checkbox"/> Member	Address: <u>Menomonee Falls, WI 53051</u>
<input checked="" type="checkbox"/> Authorized Person	_____	<input checked="" 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.

DocuSigned by:

 6EFE271818003D3... 

Signature of an authorized person

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

Name of Limited Liability Company: Continental 611 Fund LLC

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

Title or Capacity:	Name and Address
Executive Vice President	Ryan Folger W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Vice Chairman	Gerard L. Severson W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Senior Vice President	Joseph Bagby W134 N8675 Executive Parkway

Delaware

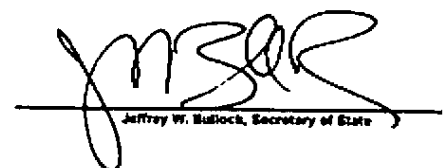
Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL 601 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 AUGUST, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

3810957 8300

SR# 20213018765

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203953464

Date: 08-18-21