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Foreign Limited Liability Company
CONTINENTAL 678 FUND LLC

Certificate of Status	0
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FEB - 2021

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 678 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. _____
(EIN number, if applicable)

4. UPON FILING OF THIS APPLICATION
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. W134 N8675 EXECUTIVE PARKWAY
(Street Address of Principal Office)
MENOMONEE FALLS, WI 53051

6. W134 N8675 EXECUTIVE PARKWAY
(Mailing Address)
MENOMONEE FALLS, WI 53051

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM
Office Address: 1200 S PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

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STATE OF FLORIDA

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.

Stephanie Hencz
Stephanie Hencz, Assistant Secretary 03/02/2022
(Registered agent's signature)

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 I. Minahan</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>
Person	_____	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</u>	<input type="checkbox"/> Manager	Name: <u>Edward J. Madell</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>
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>Joseph Bagby</u>
<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>	<input type="checkbox"/> Member	Address: <u>W134N8675 Executive Pkwy</u>
<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>	<input checked="" type="checkbox"/> Authorized	<u>Menomonee Falls, WI 53051</u>
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.

DocuSigned by:
Daniel J. Minahan
 Signature of an authorized person
 Daniel J. Minahan, President of Continental Properties Company, Inc.,
 Manager of Continental 678 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 678 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
Manager of Continental 678 Fund LLC	Continental Properties Company, Inc. W134 N8675 Executive Parkway Menomonee Falls, WI 53051
Authorized Person	Gerard Severson W134 N8675 Executive Parkway Menomonee Falls, WI 53051

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL 678 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 FIRST DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20220838326

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

Authentication: 202799041

Date: 03-01-22