

M20000004790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

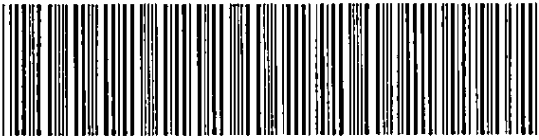
(Business Entity Name)

(Document Number)

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MAY 27 2020  
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MAY 27 2020  
MAY 27 2020

K. SALY  
MAY 25 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 302233-020 *Kadesha Roberson*  
AUTHORIZATION :  
COST LIMIT : \$ 125.00

ORDER DATE : May 26, 2020  
ORDER TIME : 2:10 PM  
ORDER NO. : 302233-020  
CUSTOMER NO: 7381795

FOREIGN FILINGS

NAME: NORTHLAND REFLECTION LAKES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

FILE 2nd



May 27, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: NORTHLAND REFLECTION LAKES LLC  
REF: W20000051665

RECEIVED  
2020 MAY 27 PM 2:03

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H20000156618  
Letter Number: 520A00010508

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Northland Reflection Lakes 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:

Beth Kinsley  
\_\_\_\_\_  
Name of Person

Northland Investment Corporation  
\_\_\_\_\_  
Firm/Company

2150 Washington Street  
\_\_\_\_\_  
Address

Newton, MA 02462  
\_\_\_\_\_  
City/State and Zip Code

bkinsley@Northland.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Kinsley at ( 617 ) 630-7254  
\_\_\_\_\_  
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

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. Northland Reflection Lakes 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. (FEI number, if applicable)

4. Upon filling
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Northland Investment Corporation
(Street Address of Principal Office)
2150 Washington Street
Newton, MA 02462

6. Northland Investment Corporation
(Mailing Address)
2150 Washington Street
Newton, MA 02462

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

FILED
2020 MAY 26 11:19:21
CORPORATION SERVICE COMPANY

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.

(Registered agent's signature)
Kadesha Roberson
Asst. Vice President

FILED

2020 MAY 26 AM 9:21

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]:

**Title or Capacity:** **Name and Address:**

Manager Name: Northland Ventures, L.P.

Member Address: 2150 Washington Street

Authorized Newton, MA 02462

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: Suzanne Abair

Member Address: 2150 Washington Street

Authorized Newton, MA 02462

Person \_\_\_\_\_

Other Secretary  Other Treasurer

Manager Name: Lawrence R. Gottesdiener

Member Address: 2150 Washington Street

Authorized Newton, MA 02462

Person \_\_\_\_\_

Other CEO, President  Other \_\_\_\_\_

Manager Name: Beth Kinsley

Member Address: 2150 Washington Street

Authorized Newton, MA 02462

Person \_\_\_\_\_

Other Asst. Secretary  Other \_\_\_\_\_

Manager Name: Matthew R. Gottesdiener

Member Address: 2150 Washington Street

Authorized Newton, MA 02462

Person \_\_\_\_\_

Other Vice President  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  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.

See attached signature page

Signature of an authorized person

Beth Kinsley, Assistant Secretary

Typed or printed name of signee

**NORTHLAND REFLECTION LAKES LLC**

By: Beth Kinsley  
Beth Kinsley  
Assistant Secretary

APR 26 2007  
ALLIANCE

FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHLAND REFLECTION LAKES 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 TWENTY-SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND REFLECTION LAKES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2020.

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


FILED  
2020 MAY 26 AM 9:21  
JEFFREY W. BULLOCK, SECRETARY OF STATE



7987142 8300

SR# 20204567412

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202986793

Date: 05-26-20