B21000000454

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PICK-UP WAIT MAIL
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2021 OCT -6 AMIL: 53

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 081208

AUTHORIZATION : Smell of

COST LIMIT : \$'.1',,000.00

ORDER DATE: October 6, 2021

ORDER TIME : 10:10 AM

ORDER NO. : 081208-015

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME: NORTHLAND FUND VII, L.P.

XXXX QUALIFICATION (TYPE: <u>LP</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

4709638

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Northland Fund VII, L.P.			
Name of Foreign Limited Partn	ership or Limited Liabili	ty Limited Partnership	
The enclosed application, certificate of status and fe partnership to transact business in Florida. Please return all correspondence concerning this ma	_	er a foreign limited partnership or limited liability limited	
Amy Carchedi			
Contact Person			
Northland Investment Corporation			
Firm/Company	==-		
2150 Washington Street			
Address			
Newton, Massachusetts 02462			
City, State and Zip Code	_		
acarchedi@northland.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, pleas	se call:		
Amy Carchedi	at (617) 630	-722 7	
Name of Contact Person		rtime Telephone Number	
Enclosed is a check for the following amount:			
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	□\$1,052,50 Filing Fee and Certified Copy	S = \$1.061.25 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address:	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations	
Division of Corporations	Divi	sion of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Northland Fund VII, L.P. (Name of Limited Partnership or Limited Lial Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes:				
If name unavailable, name under which the limited partn business in Flor	ership or limited liability limited partnership proposes tida; must contain acceptable suffix.	o register to transact		
, Delaware	_{3.} 6/23/2010			
State or Country of Formation	Date of Formation			
4. Federal Employer Identification Number: 36-49366	21			
5. Name of Registered Agent for Service of Process and				
Corporation Service Company				
1201 Hays Street				
Tallahassee, FL 32301				
my position as registered agent.	Ormance of my duties, and I am familiar with and accep			
Signat	ture of Registered Agent			
7. Principal Office:	8. Mailing Address:	Em.)		
2150 Washington Street	2150 Washington Street			
Newton, Massachusetts 02462	Newton, Massachusetts 02462			
9. If limited partnership is a limited liability limited pa	artnership, check box. □	- 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
10. Name, principal office address, and mailing address	- •	36		
Northland Fund VII Partn	ers LLC Name of General Partner:			
Street Address: 2150 Washington Street	Street Address:			
Newton, Massachusetts 02462				
Mailing Address:	Mailing Address:			
Name of General Partner:	Name of General Partner:			
	Street Address:			
Mailing Address:	Mailing Address:			

Certificate of Status (optional):

Page 1 of 2

Name of General Partner	:	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	
Note: If the date inserted in the document's effective date on 12. Attached is a certificate of	his block does not meet the ap the Department of State's rec f existence duly authenticated	fier the date this document is filed by the Florida Department oplicable statutory filing requirements, this date will not be listords. I, not more than 90 days prior to the delivery of this application thereofficial having custody of the entity's records in the jurisce	eted as the
the law of which it is organize	ed.	-DocuSkgned by: 20 21	
	Sign	Beth kinsley -89050508E255435. ature of a general partner Beth Kinsley, Assistant Northland Fund VII Partn	ופוס נגנ
		stated herein are true and the individual is aware that false in: utes a third degree felony as provided for in s.817.155, F.S.	tormation
Filing Fees Certified C	: Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee \$52.50	e)

Page 2 of 2

\$8.75





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORTHLAND FUND VII, L.P." 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 SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND FUND VII, L.P." WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

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

Authentication: 204337305

Date: 10-06-21