# M0800002168

(Reque	estor's Name)			
(Address)				
(Addre	ss)			
(City/S	tate/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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TO ACCUOUNTEDUE
SUFFICIENCY OF FILING

PECELARION OF STATE

B. KOHR

MAY 8 2008

**EXAMINER** 



N SERVICE COMPANY	^ ء
ACCOUNT NO. : 072100000032	
REFERENCE : 562434 4304847	
AUTHORIZATION :	
COST LIMIT : CONTENTS OF THE COST	5
ORDER DATE: May 7, 2008  ORDER TIME: 9:40 AM	`
ORDER NO. : 562434-020	
CUSTOMER NO: 4304847	
FOREIGN FILINGS	
NAME: NORTHLAND PROPERTIES MANAGEMENT LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u> )	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Troy Todd EXT# 2940	
EYAMINED.	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	BLITY COMPANY TO TRANSACT BUSINESS IN THE S Properties Management LLC	SIATE OF FLORIDA:			
1 -		e "Limited Liability Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")					
2. Delaware	3.	26-2336720			
(Jurisdiction company is	a under the law of which foreign limited liability organized)	(FEI number, if applicable)			
4. 3/17/2008	· 5.	3/31/2048			
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")			
6	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)			
7. 2150 Wasi	hington Street, Newton, MA 02462				
<del></del>	(Street Address of	Principal Office)			
8. If limited	l liability company is a manager-managed c	ompany, check here			
9. The name	e and usual business addresses of the manag	ging members or managers are as follows:			
Northland	Investment Corporation, 2150 Washington Street, 1	Newton, MA 02462			
Tarragon (	Corporation, 423 West 55th Street, 12th Floor, New	York, NY 10019			
the jurisdiction translation of th	under the law of which it is organized. (A photocopy: ne certificate under oath of the translator must be submi				
11. Nature o	of business or purposes to be conducted or p	promoted in Florida: The management of real estate			
properties a	and investments, in addition to all other legal activition	es that a limited liability company may engage in.			
•					
		corized representative of a member.  , the execution of this document constitutes  y that the facts stated herein are true.)			
	Suzanne Abair				
	Typed or printed r	name of signee			

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Compa	any is:	•
Northland Properties Management LLC		
If name unavailable, the alternate name to be	e used in the stat	e of Florida is:
2. The name and the Florida street address of	of the registered	agent and office are:
Corpora	ation Service Comp	any
<del></del>	(Name)	
1	1201 Hays Street	
Florida Street Addr	ess (P.O. Box NO	T ACCEPTABLE)
Tallahassee	FL	32301
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

(Sherature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHLAND PROPERTIES MANAGEMENT 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 SEVENTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND PROPERTIES MANAGEMENT LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

8300

080517256

DATE: 05-07-08

AUTHENTICATION: 6575844

Harriet Smith Windsor, Secretary of State

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