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D CUSHING

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT: North	riew Management, LLC		77. 6		
	Name of Foreig	in Limited Liab	ality Con	ipany	
Dear Sir or Madam	:				
The enclosed applic	cation, certificate and fee(s)	are submitted	for filing.		
Please return all co	rrespondence concerning th	is matter to the	followin	g:	
Lindsey M. Crews					
	Name of Person		-		
c/o Scott Holdings, L	I.C				
	Firm/Company		-		
1877 S Federal Highy	vay, Suite 310				
	Address		_		202 SE
Boca Raton, FL 3343	2				TOTAL SERVICE
	City/State and Zip Cod	e	_		23
Lindsey.Crews@scot	-		_		=
E-mail address: (to be used for future annua	l report notifica	ition)		2024 HAY 23 AM 11: 24 SECRETARY SESTED
For further informa	tion concerning this matter	•			1
Lindsey M. Crews		at (561	338-70	17	
Nar	ne of Person	Area Code	& Dayti	me Telephone N	√umber
P.O. Box 6	n Section f Corporations		Division The Cer 2415 N.	Idress: ation Section n of Corporation ntre of Tallahass . Monroe Street ssee, FL 32303	see
	s a check for the following		r 0	□ e/e = ::	•
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Certified (☐ \$60 Filing I Certificate	ree, of Status &

Certified Copy

Northview Management LLC

1877 S Federal Highway Suite 310 Boca Raton, FL 33432 (561) 338-7017 Lindsey.crews@scottholdings.com

May 21, 2024

Ms. Diane Cushing, Operations Manager A Florida Department of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, FL 32314

RE: Letter Number: 824A00010212

Dear Ms. Cushing,

In response to your letter of May 9, 2024, with regard to the above-referenced matter, please find enclosed herewith the following:

- 1. May 9, 2024 Correspondence from Ms. Diane Cushing;
- Cover Letter and Application by Foreign Limited Liability Company to File
 Amendment to Certificate of Authority to Transact Business in Florida, previously submitted and which you are currently holding;
- 3. A Certificate of Good Standing from the State of Delaware for Northview Management LLC, as requested in your May 9, 2024 letter; and
- 4. Copies of the FILE STAMPED Certificate of Conversion and Certificate of Formation for Northview Investments LLC, in case you would like to see same.

Once you have reviewed the attached, please process this Application and provide me with proof of same.

In the interim, should you have any questions or comments, please do not hesitate to contact me at the email and/or number listed above.

Very truly yours.

Corporate Paralegal



May 9, 2024

LINDSEY M. CREWS C/O SCOTT HOLDINGS, LLC 1877 S FEDERAL HIGHWAY, SUITE 310 BOCA RATON, FL 33432

SUBJECT: NORTHVIEW MANAGEMENT, LLC

Ref. Number: M1000003897

We have received your document for NORTHVIEW MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

We need evidence from each state involved.

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) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 824A00010212

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida I	Department of
State: Northview Management, LLC	 _	 -
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	pility company is: M10000003	897
3. Jurisdiction of its organization: Nevada		1024 HAY 23 AM SECRETATIVE T
4. Date authorized to do business in Florida: September 1, 2010		23
SECTION II (5-9 complete only the applicable c	hanges)	70 × 22
New name of the limited liability company: (must	contain "Limited Liability Co.	mpany, ""L.L.C.," or: LLG
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting aging members adopting the a	business in Florida and attach a
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our record dress here:	s. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la Street Address
	13/11/7 Till 14	
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Remo
			□Add
			□Remo
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			□Add
			□Remo
			DAdd
aforementioned an	icate, if required: no more than 90 da bendment(s), duly authenticated by the he law of which this entity is organiz Signature of the Lindsey M. Crews, Corporate Para	e official having custody of record ed. authorized representative	□Remo

Filing Fee: \$25.00

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTHVIEW 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHVIEW

MANAGEMENT, LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D.

2024.

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

Authentication: 202862879

Date: 02-22-24

3121548 8300 SR# 20240630707

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE DELAWARE LIMITED LIABILITY COMPANY ACT

1.	The jurisdiction where the non-Delaware limited liability company was first formed is Nevada and the date the non-Delaware limited liability company first formed is 8/27/2010 .
2.	The jurisdiction immediately prior to filing this Certificate is Nevada
3.	The name of the non-Delaware limited liability company immediately prior to filing this Certificate is Northylow Management, LLC
1.	The name of the limited liability company as set forth in the Certificate of Formation is Northview Management, LLC
IN —	WITNESS WHEREOF, the undersigned have executed this Certificate on the 15 day of February, A.D. 2024.
	By: Authorized Person
	Name STEVEN A SCOTT

Print or Type

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited Northylew Management LLC	liability company is	
located at 108 Lakeland Ave.	the limited liability company in the State o	f Delaware is (street),
in the City of Dover	, Zip Code_19901	. The
name of the Registered Agent at liability company may be served Capitol Services, Inc.	such address upon whom process against the	nis limited
	By: Art on South	
	Authorized Person	
	Name; STEVEN M. SCOTT	
	Print or Type	