# M12000003576

•		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600236777476

D. BRUCE JUN 26 2012 EXAMINER



ION SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE : 253420 4709638	
AUTHORIZATION: Spelle man	
COST LIMIT : \$130.00	
ORDER DATE : June 25, 2012	
ORDER TIME : 3:31 PM	
ORDER NO. : 253420-005	
CUSTOMER NO: 4709638	
FOREIGN FILINGS	
NAME: 1400 VIA LUGANO LLC	DIVISI SE(
XXXX QUALIFICATION (TYPE: LL) 25	ON OF CO
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	OF STATE
CERTIFIED COPY  XX PLAIN STAMPED COPY  XX CERTIFICATE OF GOOD STANDING	SNO!
CONTACT PERSON: Becky Peirce EXT# 2919	
EXAMINER:	

#### **COVER LETTER**

	SUBJECT: 1400 Via Lugano I		······································	<b>"</b>	. :
	·	Name of Limited	Liability Company		
	The enclosed "Application by Forei Existence, and check are submitted				
•	Please return all correspondence cor	ncerning this matter to the foll	owing:		
	Suzanne Abair			,	
		Name o	of Person		
	c/o Northland I	nvestment Corporation		•	t
		Firm/C	отралу		
	2150 Washingto	on Street	,		
		Ado	iress		
	Newton, MA 02		*.	· · · · · · · · · · · · · · · · · · ·	
	•	City/State a	nd Zip Code	•	•
	sabair@northla	nd.com	;		
	E-	mail address: (to be used for f	uture annual report notificati	on)	
	For further information concerning t	his matter, please call:			DIVIS 12 J
	Suzanne Abair		617 965-7100	i.	
٠.	Name of	Person Area Cod	e & Daytime Telephone Nun	nber	OF SERVICE
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Corporations Section		YOF STATE ORPORATIONS PM 1: 03

## 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:

1 1400 Via Lugano 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 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.
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. November 15, 2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6 Upon filing
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2150 Washington Street, Newton, MA 02462
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here   23  25  26  27  27  28  28  29  20  20  20  20  20  20  20  20  20
9. The name and usual business addresses of the managing members or managers are as follows:
c/o Northland Investment Corporation
2150 Washington Street
Newton, MA 02462
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Hold title to real property
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true. 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.)
Suzanne Abair, Secretary

Typed or printed 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.

	ano LLC			<del></del> ,
unavailable	the alternate to be used in t	the state of Florida is:		
The name a	and the Florida street addres	s of the registered ager	nt and office are:	
	Corporation Service Comp	pany		
		(Name)		2
	1201 Hays Street	,		N 25
•	Florida Street A	ddress (P.O. Box NOT AC	CEPTABLE)	- J
	Tallahassee	FL 32301		<b>=</b>
		City/State/Zip		1: 03
ibility compa ent and agre lating to the j	amed as registered agent and ny at the place designated in e to act in this capacity. I fur proper and complete perform y position as registered age Corporation Service Comp	this certificate, I hereb rther agree to comply w nance of my duties, and ent as provided for in Ch	y accept the appointment as with the provisions of all stat I am familiar with and acce	s registered tutes ept the i.

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

30.00

5.00

# Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "1400 VIA LUGANO 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-FIFTH DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1400 VIA LUGANO LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2010.

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

4898265 8300

120772909

AUTHENTY CATION: 9666863

DATE: 06-25-12

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