(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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ACCOUNT NO. : I2000000195 REFERENCE : 965210 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: January 16, 2014 ORDER TIME : 4:14 PM ORDER NO. : 965210-005 CUSTOMER NO: 4709638 FOREIGN FILINGS NAME: NORTHLAND PLANTATION MEADOWS 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: Susie Knight -- EXT# 52956

EXAMINER: _

15 PH 2: 32

COVER LETTER

TO:	Registration Section Division of Corporation	ıs				•
SUBЛ	ECT: Northland Planta	ion Meadows LLC	•			
		Name of Lim	ted Liability Company			
		reign Limited Liability Comp ed to register the above refere				
Please	return all correspondence	concerning this matter to the	following:			
	Beth H. Kinsle	У				
		Na	me of Person		_	
•	Northland Inve	estment Corporation	V.			
		Fin	m/Company		~	
. ,	2150 Washing	ton Street				
			Address			
	Newton, MA (2462				
		City/Sta	te and Zip Code			
	bkinsley@nort	hland.com				
		E-mail address: (to be used	for future annual report i	notification)		
For fur	ther information concernit	ng this matter, please call:			÷	
	Beth H. Kinsley		at (617) 630	-7254		
	Name	of Person	Area Code Da	ytime Telephone Number	2014	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	S Division Registra Clifton I 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301		JAN 15 PH	
Enclo	sed is a check for the \$125.00 Filing Fee	following amount: \$\Bigsim \frac{\pi}{130.00}\$ Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee a	& □\$160.00 Filing Fee of Status & Certific	Certifica &	N. Company

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

LIMITED LIABILITY COI	<i>MPANYTOTRANSACT BUSINESS IN THE S</i> on Meadows I.I.C	STATE OF FLORIDA:	
1_		"Limited Liability Company," "L.L.C.," or "LLC	·.")
	s or managing members adopting the alterna	of transacting business in Florida and attach a copate name. The alternate name must include "Limite	
2. Delaware	3	46-4518846	
(Jurisdiction under the company is organize	e law of which foreign limited liability ed)	(FEI number, if applicable)	
4. N/A			
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S	da, if prior to registration.) 5. to determine penalty liability)	
5. c/o Northland Inve	estment Corporation, 2150 Washington	Street, Newton, MA 02462	
•			
	(Street Address of	Principal Office)	
c/o Northland Inves	stment Corporation, 2150 Washington S	Street, Newton, MA 02462	
o			- 3
		error (Constitution)	
	(Mailing /	Address)	
7. The name, title o	or capacity and address of the person	n(s) who has/have authority to manage is/a	are: Z
Lawrence R. Gottesdi	liener, Chairman; Steven P. Rosenthal,	CEO, President & Treasurer;	5 7
Suzanne Abair, Secre	etary; Beth H. Kinsley, Vice President.	Addresses for all are c/o Northland Investme	ore in C
Corporation, 2150 Wa	ashington Street, Newton, MA 02462		3
in the jurisdiction under the translation of the certificat (In accord	the law of which it is organized. (A photocoptic under oath of the translator must be submit BLH H K Signature of an a dance with section 605.0203, F.S., the execution	uthorized person of this document constitutes an affirmation under the	anguage, a
		I am aware that any false information submitted in third degree felony as provided for in s.817.155, I	

Beth H. Kinsley, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	Company is:			
Northland Plai	ntation Meadows LLC		·		
If unavailable	e, the alternate to be used	l in the state of Flo	rida is:	·	
2. The name	and the Florida street ad-	dress of the registe	red agent and office are:		
•	Corporation Service Co	ompany			
		(Name)	· · · · · · · · · · · · · · · · · · ·		
	1201 Hays Street			2014	
	Florida Str	eet Address (P.O. Box	NOT ACCEPTABLE)		- 100 m
	Tallahassee	FL.	32301	SSET OF T	The state of
liability compo registered age statutes relatir	any at the place designate ent and agree to act in thi ng to the proper and com	ed in this certificate is capacity. I furthe iplete performance of s registered agent a	Zip vice of process for the above e, I hereby accept the appoil or agree to comply with the of my duties, and I am familias provided for in Chapter 6 Sue G. Knight Assistant Vice President	ntment as provisions of all liar with and 605, Florida	t made

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00 \$ 30.00

5.00

Delaware

DAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTHLAND PLANTATION MEADOWS 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 SIXTEENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND PLANTATION MEADOWS LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2013.

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



5453955 8300

140058213

Jeffrey W Bullock, Secretary of State

AUTHENTS CATION: 1066445

DATE: 01-16-14

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