# M14000003181

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

Office Use Only



800260676968

14 JUN -2 PH 4: 25

B BOSTICK

JUN - 3 2014

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE : 160179 4709638

AUTHORIZATION :

COST LIMIT :

משממס	ים יים אורם	_	T1177.0	2	2014
ORDER	DATE	•	June	۷,	2014

ORDER TIME : 10:53 AM

ORDER NO. : 160179-005

CUSTOMER NO: 4709638

#### FOREIGN FILINGS

NAME: NORTHLAND LAKESIDE LLC

XXXX Q	UALIFICATION (TYPE: <u>LL</u> )		70
PLEASE	RETURN THE FOLLOWING AS PROOF		: 
xx	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	·	
		50005	
CONTACT	PERSON: Emily Gray EXT#	62925	

EXAMINER:

#### **COVER LETTER**

TO:	Registration Sect Division of Corp							
SUBJE	CT: Northland L	_akeside LLC				uququaqua and and and and and and and and and an		
		7	Name of Limite	ed Liability Con	ірапу			
The en Existen	closed "Application ice, and check are s	n by Foreign Limited Li submitted to register the	iability Compa above referen	ny for Authoriza ced foreign limi	ation to Tra ited liability	nsact Business in Flor company to transact	orida," Certif t business in	icate o Florida
Please	return all correspon	ndence concerning this r	matter to the fo	ollowing;				
	Beth H.	Kinsley			.,,,			
			Nam	e of Person				
	c/o Norti	hland Investment Cor	rporation					
	<del></del>	-	Firm	/Company			<del></del>	
	2150 Wa	ashington Street						
	3			Address				
		•						
	Newton,	, MA 02462						
	4 · · · · · · · · · · · · · · · · · · ·		City/State	and Zip Code			···	
	bkinsley(	@northland.com				• •	r.o	
		E-mail address	to be used fo	or future annual	report notif	ication)	(##3)	
For furt	her information cor	ncerning this matter, ple	ease call:					
	Beth H. Kinsley			at (	_) 965-710	00 ne Telephone Numbe	-: S	,
		Name of Person		Area Code	Daytin	ie Telephone Numbe	er 🎨	•
	MAILING ADD	RESS:	STREET	ADDRESS:				
	Division of Corpo	orations	Division o	of Corporations			-	
	Registration Secti	ion		on Section		•		
	P.O. Box 6327 Tallahassee, FL 3	2314		maing cutive Center Ci ce, FL 32301	rcle			
Enclos		or the following amo		□ \$155.00 Filin	or Cas Pr	□\$160.00 Filing F	es Cartifical	te.
	□ \$125.00 Filing	Fee \$130.00 Fili Certificate o	•	Certified Co	_	of Status & Cert		

### 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:

Northland Lakeside 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 o consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I 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.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462	
(Street Address of Principal Office)	
6. c/o Northland Investment Corporation, 2150 Washington Street, Newton, MA 02462	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Mailing Address)	-
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	i i
Lawrence R. Gottesdiener, Chairman; Steven P. Rosenthal, CEO, President and Treasurer;	<u> </u>
Suzanne Abair, Secretary; Beth H. Kinsley, Vice President. Addresses for all are c/o Northland Investment	
Corporation, 2150 Washington Street, Newton, MA 02462	
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languary ranslation of the certificate under oath of the translator must be submitted.)	
- Beth H. Kingley	
Signature of an authorized person	
(In accordance with section 605.0203, 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.)	)
Reth H. Kinsley, Authorized Signatory	

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.

If unavailab	ole, the alternate to be used	in the state of Florida is:	Mildeller ville site den en e	
2. The nam	ne and the Florida street ad	dress of the registered agent and office are:		
	Corporation Service Co	ompany		
	(Name)			
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
	<del>*************************************</del>	City/State/Zip		
liability con registered a statutes rela	npany at the place designate gent and agree to act in this ting to the proper and comp	t and to accept service of process for the above ed in this certificate, I hereby accept the appoin s capacity. I further agree to comply with the p plete performance of my duties, and I am famil t registered agent as provided for in Chapter 6	ntment as provisions of all iar with and	

Corporation Service Company

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Emily Gray

Asst VP

## Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTHLAND LAKESIDE 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 SECOND DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND LAKESIDE LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2014.

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

5541867 8300

140782985

AUTHENTY CATION: 1415932

DATE: 06-02-14

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