# \*11/5000004064

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
opedar manadona to 1 mily officer.				

Office Use Only



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2015 HAY 22 AM 8: 53

RECEIVED 15 MAY 22 AM III: 12

INVESTIGATE OF EXERCISATIONS

K.SALY EXAMINER MAY 2 6 2015 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 6393|94 4709638

AUTHORIZATION Spelle Cleman

COST LIMIT : \$ 130.00

ORDER DATE: May 22, 2015

ORDER TIME : 9:11 AM

ORDER NO. : 639394-005

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME: NORTHLAND FLORESTA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

#### COVER LETTER

TO;	Registration Section Division of Corporations					
SUBJE						
	Name of Limited Liability Company					
Existen	ce, and check are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida				
Please r	return all correspondence concerning this matter to the	he following:				
	Beth H. Kinsley					
	Name of Person					
	c/o Northland Investment Corporation					
	Firm/Company					
	2150 Washington Street					
	Address					
	Newton, MA 02462					
	City/State and Zip Code					
	bkinsley@northland.com					
	E-mail address: (to be us	ed for future annual report notification)				
For furth	ner information concerning this matter, please call:					
	Beth H. Kinsley	617 965-7100 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	l is a check for the following amount:  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Northland Floresta LI	LC		
		e "Limited Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter Liability Company," "L.L.C		sacting business in Florida. The alternate name	must include "Limited
2. Delaware	3		
	w of which foreign limited liability	(FEI number, if applicable)	**************************************
4.	(Date first transacted business in Flo	rida, if prior to registration.)	
c/o Northland Investr	(See sections 605,0904 & 605,0905, F. nent Corporation, 2150 Washington Street		حع
		· · · · · · · · · · · · · · · · · · ·	
···	(Street Address of Principal	Office)	
6. c/o Northland Investm	ent Corporation, 2150 Washington Street,	•	2015 HAY 22 JH 8: 54
			一卷
	(Mailing Address)		20 <b>39</b>
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	Salar Cu
Name:	Corporation Service Company	<u></u>	
Office Address:	1201 Hays Street		
	Tallahassee (City)	, Florida <u>32301</u> (Zip code)	
his application, I hereby	egistered agent and to accept service of pa accept the appointment as registered ago statutes relative to the proper and complo	rocess for the above stated corporation at ent and agree to act in this capacity. I fur ete performance of my duties, and I am for Lydia Cohen Asst. Vice President	ther agree to comply
8. The name, title or caps	acity and address of the person(s) who has	/have authority to manage is/are:	
	r, Chairman; Steven P. Rosenthal, CEO, P	•	
Suzanne Abair, Secretary	; Beth H. Kinsley, Vice President. Addres	sses for all are c/o Northland Investment	
Corporation, 2150 Washin	ngton Street, Newton, MA 02462		
Attached is a certificate urisdiction under the law of the translator must be su	of which it is organized. (If the certificate	uly authenticated by the official having cus is in a foreign language, a translation of th Mally porized person	stody of records in the se certificate under oath
In accordance with section ne facts stated herein are t egree felony as provided	rue. I am aware that any false information	nument constitutes an affirmation under the submitted in a document to the Departme	e penalties of perjury that nt of State constitutes a thir

Beth H. Kinsley, Authorized Signatory

Typed or printed name of signce

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTHLAND FLORESTA 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 NINETEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND FLORESTA LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2015.

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

2015 MAY 2.2 AH 8: 54

5729325 8300

150712391

AUTHENTYCATION: 2391294

DATE: 05-19-15

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