

MI6000010284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 DEC 21 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
16 DEC 21 PM 4:15

K. SALY
DEC 23 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 432946 8086642

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 21, 2016

ORDER TIME : 2:45 PM

ORDER NO. : 432946-005

CUSTOMER NO: 8086642

FOREIGN FILINGS

NAME: NORTHSTAR EMPLOYEECO 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: Melissa Zender -- EXT# 62956

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2016

CSC / MELISSA ZENDER

RESUBMIT

SUBJECT: NORTHSTAR EMPLOYEE CO LLC
Ref. Number: W16000085307

Please give original
submission date as file date.

We have received your document for NORTHSTAR EMPLOYEE CO LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00027174

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16 DEC 22 PM 2:02
SUFFICIENT FOR FILING

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:

1. NORTHSTAR EMPLOYEECO 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

3. 47-5135840

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. 12/16/16

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10077 GROGAN'S MILL ROAD, SUITE 530, THE WOODLANDS, TX 77380

(Street Address of Principal Office)

6. 10077 GROGAN'S MILL ROAD, SUITE 530, THE WOODLANDS, TX 77380

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Corporation Service Company

By:

(Registered agent's signature)

Melissa Zender

Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

TIM CASEY, CHIEF EXECUTIVE OFFICER

MATT MCKENZIE, SVP-FINANCE AND ADMINISTRATION

ADDRESS FOR ABOVE: 10077 GROGAN'S MILL ROAD, SUITE 530, THE WOODLANDS, TX 77380

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MATT MCKENZIE, SVP-FINANCE AND ADMINISTRATION

Typed or printed name of signee

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2016 DEC 21 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHSTAR EMPLOYEECO 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-FIRST DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHSTAR EMPLOYEECO LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2015.

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

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2016 DEC 21 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5824112 8300

SR# 20167201901

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203560010

Date: 12-21-16