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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2017

TODD A. STUART STUART LAW, PLC 429 TURNER AVE. NW GRAND RAPIDS, MI 49504

SUBJECT: NORTHERN CAPITAL INVESTMENTS, LLC

Ref. Number: W17000021582

We have received your document for NORTHERN CAPITAL INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 817A00004862

2017 HAR 23 AM ID: 12

### COVER LETTER

TO:		ation Section n of Corporation	, IS				
SUBJI		rthern Capital Inv	vestments, LLC				
50201		· • • •		Limited Liability (	Company	<del> :</del>	
						ansact Business in Florida," Certify company to transact business in	
Please	return all	correspondence c	oncerning this matter to the	following:			
		Todd A. Stuart					
			N	Jame of Person			
		Stuart Law, PL	c				
			F	irm/Company			
		429 Turner Ave	e. NW				
			· <u> </u>	Address			
		Grand Rapids,	MI 49504				
			City/S	State and Zip Code			
		tstuart@stuartlav	•				
	_		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther inforr	nation concerning	g this matter, please call:				
	Todd A	Stuart		616 at (	450-98		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section milding ecutive Center Circle see, FL 32301	
Enclos		ck for the follow .00 Filing Fee	ing amount:  \$\frac{1}{2}\$\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	ite

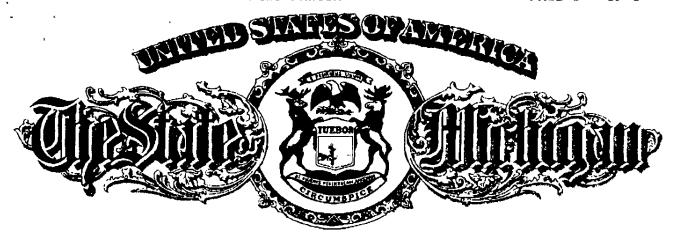
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

Northern Capital Invest		
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "I	L.C.," or "LLC.")
f name unavailable, enter al ability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The all or "LLC.")	ternate name must include "Limited
Michigan	3. E3546U	
Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if	applicable)
Not yet operating		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<del></del>
MA	(See sections 003.0704 & 003.0703, P.S. to determine penanty hability)	
9830	Giaveno Circle #1676 Naples FL 34113	·
	(Street Address of Principal Office)	<u> </u>
MA		
9830	Giavano Circla #1636 Naples, FL 34113	MITHAN 23 PM 2: 40 MALLAHASSEE, FLORID
-	(Mailing Address)	Find R
Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	7.7%
Name:	John R. Barnes II	
	9830 Giaveno Circle #1636	Ðr. ►
Office Address:		
	Naples , Florida 34113 (Zip	
gistered agent's accept	(City) (Zip	code)
signated in this applicate complywith the provision	gistered agent and to accept service of process for the above stated linion, I hereby accept the appointment as registered agent and agree to one of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)	act in this capacity. I further agi
	city and address of the person(s) who has/have authority to manage is/a  II - Managing Member	re:
	Plud SE Grand Rapids M1 49506	
- Q+ ( 1 100 ) 10	3, (10.00)	<del></del>
<del></del>		<del> </del>
	of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a transmitted)	
		·
	Signature of arrauthorized person	
is document is executed	in accordance with section 605.0203 (1) (b), Florida Statutes. I am awai	re that any false information
mitted in a document to	the Department of State constitutes a third degree felony as provided fo	r in s.817.155, F.S.

Typed or printed name of signee

Todd A. Stuart



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### NORTHERN CAPITAL INVESTMENTS LLC

was validly organized on January 30, 2014 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1437613 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of March, 2017

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau