## MM00003761

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M. MILLIGAN
NAY - 4 2017

## COVER LETTER

TO:

Registration Section

Division of Corporations									
SUBJECT:	Northland (	Group LLC							
Jenozer	Name of Limited Liability Company								
		reign Limited Liability Con d to register the above refe							
Please return all	correspondence o	concerning this matter to the	e following:						
		Susa	ın Moore						
	<del> </del>	١	Name of Person		***************************************	•			
		Cornerston	e Support, Inc.						
	Firm/Company								
70 Mansell Court, Suite 250									
Address									
Roswell, GA 30076									
City/State and Zip Code									
		smoore@	cornerstonesup	port.com					
	E-mail address: (to be used for future annual report notification)								
For further infor	mation concernin	g this matter, please call:							
Corner	stone Support, In	ic. Attn: Susan Moore	770	, 587	- 4595				
	Name o	f Contact Person	Area Code	Day	- 4595 time Telephone Number				
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding centive Center Circle see, FL 32301				
	eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsigma \text{\$\frac{1}{2}\$}\$ \$139.00 Filing Fee & Certificate of Status	₩ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co				

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Northland Group (Name of Fore	LLC ign I imited Liability Comp	any; must include "Limite	d Liability Compar	oy," "L.L.C.," or "L	.LC.")	<del></del> -	
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the or "LLC.")	purpose of transacting b	usiness in Floridu. '	The alternate name	must include	"Limiter	j
<sub>2.</sub> MN		3. 41-14	20282				
(Jurisdiction under the law company is organized)	of which foreign limited liab	sility	(FEL num)	er, if applicable)			
4. Upon Approval							
	(Date first transacte (See sections 605,090-	d business in Florida, if p 4 & 605.0905, F.S. to det	rior to registration. ermine cenalty liab	liry)	· en	0.1	
5. 7831 Glenroy Rd.,				, /		2017	ويعقون
Edina, MN 55439					<b>→</b> 70	HAY	-5
	(Street Add	ress of Principal Office)			S	N	****
6. P.O Box 390846					M <sub>C</sub>	-	Francisco E
Minneapolis MN 5	5439				<b>6</b> 7. • • • • • • • • • • • • • • • • • • •	A	E in
		Anding Address)			3.5	ထု	4
7. Name and street addres	s of Florida registered ago	cuit: (P.O. Box <u>NOT</u> a	eceptable)		<b>₽</b> ~	22	
Name:	CT Corporation Sy	stem					
Office Address:	1200 South Pine Isl	and Road					
	Plantation		. Florida	33324			
		City)		(Zip code)			
Registered agent's accept Having been named as rej designated in this applical	elstered agent and to acc	ept service of process f appointment us registe	or the above state	ed limited liability ree to act in this i	y company a canacity. I i	it the pl further	ace aeree
to complywith the provisio	ons of all statutes relative	to the proper and con	plete performan	ce of my duties, a	nd I am fan	niliar w	iih and
accept the obligations of n	ny position ax registered .		ames M. Hal	,			
( )	an Mill		Assistant Secreta	iry			
1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(Registered agent's signa	itare)				
8. The name, title or capa	city and address of the pe	rson(s) who has/have a	uthority to manag	e is/are:			
Michael Barrist	Manager	7831 Glenroy		Edina MN 55	430		
			110, 510 100				
9. Attached is a certificate	of existence, no more than	o 90 days old, duly aut	nenticated by the	official having cu	stody of reco	ords in t	he
jurisdiction under the law of the translator must be su	h which it is organized, (i bmitted)	The certificate is in a	Toreign language,	a translation of tr	ie certificate	uncer (	ostn
	Si	gnature of an authorized	person				
This document is executed	in accordance with section	m 605.0203 (1) (b), Flo	rida Statutos. I am	aware that any fa	alse informat	lon	
submitted in a document to		ousnitices a triro degre hael Barrist	e iciony as provit	ica for in 8.51 /.12	э, г, <b>э</b> .		
	ATAIC.						

Typod or printed name of signee

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Northland Group LLC

Date Filed: 04/28/2017

File Number: 948259900085

Minnesota Statutes, Chapter: 322C

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/28/2017

Oteve Vimon

Steve Simon

Secretary of State State of Minnesota