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— (Re	equestor's Name)	
(Ac	ldress)	····
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

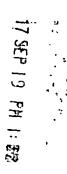
Office Use Only



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224 SEP 19 AH 8: 38

J. HARRIE



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 822344 4709638

AUTHORIZATION :

COST LIMIT : \$725.00

ORDER DATE: September 19, 2017

ORDER TIME : 12:37 PM

ORDER NO. : 822344-010

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME: NORTHLAND ELEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
CERTIFICATE OF COOR OF

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section

Div	vision of Corporatio	DŠ				
J BJECT :	Northland Element	LLC				
		Name of	Limited Liability C	ompany		
ne enclose xistence, a	d "Application by Fo nd check are submitte	reign Limited Liability Comp ed to register the above refero	pany for Authoriza enced foreign limit	tion to Tri ed liabilit	ansact Business in Florida," y company to transact busine	Certificate o ess in Florida
ease return	n all correspondence	concerning this matter to the	following:			
	Beth H. Kinsle	у				
		N	ame of Person			
	c/o Northland	Investment Corporation				
		Fi	irm/Company			
	2150 Washing	ton Street				
			Address			
	Newton, MA (02462				
		City/S	tate and Zip Code			
	bkinsley@north					
		E-mail address: (to be use	d for future annual	report no	tification)	
or further i	nformation concerning	ng this matter, please call:				
Ве	eth H. Kinsley		617 at (965-71	00	
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
	AILING ADDRESS vision of Corporation			STREET Division	T ADDRESS: of Corporations	
	gistration Section D. Box 6327		Registration Section Clifton Building			
Tai	llahassee, FL 32314			2661 Ex	ecutive Center Circle see, FL 32301	
	a check for the follow					
	\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

		27 70 2 3 3 3 3 3 3 3 3 3	
2 Delaware	arms adopted for the purpose of transacting business in Flor	nds. The alternate name must include "Limited	Linkstry Compuny," "L.L.C," or "LLC,")
	hick foreign limited liability company is organized)	3	number, if applicable)
		•	······································
4	(Date first transacted burners in Florida if prior to	registration)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	- , , , , , , , , , , , , , , , , , , ,	
5. c/o Northland Investm		6. c/o Northland Investment (Mailing)	
2150 Washington Stre	, ,	2150 Washington Street	51-
Newton, MA 02462	·····	Newton, MA 02462	: "
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	والموالية المستركب المستركب
		<u>гот</u> иссерцою	
Name:	Corporation Services Company		<u> </u>
Office Address:	1201 Hays Street		္ခ်္မီး လ ကြန္
	Tallahassee		
	(City)	, Florida 32301	Code)
designated in this applica to comply with the provis	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to a	act in this capacity. I further agree
designated in this applica to comply with the provis	tion, I hereby accept the appointment as	s registered agent and agree to a and complete performance of n	act in this capacity. I further agree
designated in this applica to comply with the provis and accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered sport s	s registered agent and agree to a and complete performance of n	nct in this capacity. I further agree my duties, and I am familiar with Melissa Zender Asst. Vice President
designated in this applica to comply with the provis and accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to a and complete performance of n	nct in this capacity. I further agree my duties, and I am familiar with Melissa Zender Asst. Vice President
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap.	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agents) (Registered agents) active and address of the person(s) who ha	s registered agent and agree to a and complete performance of n	nct in this capacity. I further agree my duties, and I am familiar with Melissa Zender <u>Asst. Vice President</u>
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity:	ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent active and address of the person(s) who ha Name and Address: Lawrence R. Gottesdiener 2150 Washington Street	s registered agent and agree to a and complete performance of no signature) s/have authority to manage is/are Title or Capacity:	net in this capacity. I further agree my duties, and I am familiar with Melissa Zender Asst. Vice President Buzanne Address: Suzanne Abair 2150 Washington Street
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered sports as acity and address of the person(s) who han a Name and Address: Lawrence R. Gottesdiener	s registered agent and agree to a and complete performance of no signature) s/have authority to manage is/are Title or Capacity:	nct in this capacity. I further agree my duties, and I am familiar with Melissa Zender Asst. Vice President :: Name and Address: Suzanne Abair
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designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: President & CEO	acity and address of the person(s) who ha Name and Address: Lawrence R. Gottesdiener 2150 Washington Street Matthew R. Gottesdiener 2150 Washington Street	s registered agent and agree to a and complete performance of no signature) s/have authority to manage is/are Title or Capacity:	net in this capacity. I further agreemy duties, and I am familiar with Miclissa Zender Asst. Vice President Name and Address: Suzanne Abair 2150 Washington Street Newton, MA 02462 Beth H. Kinsley 2150 Washington Street
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: President & CEO	ion, I hereby accept the appointment assists of all statutes relative to the proper s of my position as registered agent. (Registered agent active and address of the person(s) who ha Name and Address: Lawrence R. Gottesdiener 2150 Washington Street Newton, MA 02462 Matthew R. Gottesdiener	s registered agent and agree to a and complete performance of n signature) s/have authority to manage is/are Title or Capacity; Secretary/Treasurer	net in this capacity. I further agreemy duties, and I am familiar with Miclissa Zender Asst. Vice President Name and Address: Suzanne Abair 2150 Washington Street Newton, MA 02462 Beth H. Kinsley
designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: President & CEO	acity and address of the person(s) who ha Name and Address: Lawrence R. Gottesdiener 2150 Washington Street Newton, MA 02462 Matthew R. Gottesdiener 2150 Washington Street Newton, MA 02462	s registered agent and agree to a and complete performance of n signature) s/have authority to manage is/are Title or Capacity; Secretary/Treasurer	net in this capacity. I further agreemy duties, and I am familiar with Miclissa Zender Asst. Vice President Name and Address: Suzanne Abair 2150 Washington Street Newton, MA 02462 Beth H. Kinsley 2150 Washington Street
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap. Title or Capacity: President & CEO Vice President (Use attachments if necessing a certificate jurisdiction under the law of the translator must be selected.)	acity and address of the person(s) who has Name and Address: Lawrence R. Gottesdiener 2150 Washington Street Newton, MA 02462 Matthew R. Gottesdiener 2150 Washington Street Newton, MA 02462 Matthew R. Gottesdiener 2150 Washington Street Newton, MA 02462 Sary) of existence, no more than 90 days old, to of which it is organized. (If the certificate of which it is organized. (If the certificate of the street is not the same and same an	s registered agent and agree to a and complete performance of no and complete performance of	net in this capacity. I further agreemy duties, and I am familiar with Miclissa Zender Asst. Vice President E: Name and Address: Suzanne Abair 2150 Washington Street Newton, MA 02462 Beth H. Kinsley 2150 Washington Street Newton, MA 02462 having custody of records in the dation of the certificate under oath ware that any false information in s.817.155, F.S.

Typed or printed name of agree



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

DELAWARE, DO HEREBY CERTIFY "NORTHLAND ELEMENT 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 SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND ELEMENT LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2017.

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



Authentication: 203248198

Date: 09-19-17

6492759 8300 SR# 20176224432