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| (Requestor's Name) | | | | | | |
|---|------------------------|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



600345367836

RECEIVED PH 2: 04

K. SALY MAY 2 & 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 1200,0.000,195

REFERENCE: 3020830 Ca381795

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: May 26, 2020

ORDER TIME : 2:10 PM

ORDER NO. : 302233-020

CUSTOMER NO: 7381795

FOREIGN FILINGS

NAME: NORTHLAND REFLECTION LAKES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

FILE 2nd



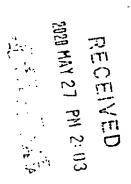
May 27, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: NORTHLAND REFLECTION LAKES LLC

REF: W20000051665



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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 FAX Aud. #: H20000156618 Letter Number: 520A00010508

COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: _ | Northland Reflection Lakes LLC BJECT: | | | | | | |
|------------------|---|--|--|--|--|--|--|
| _ | Nam | e of Limited Liability Company | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. | | | | | |
| Please return a | Il correspondence concerning this matter to | o the following: | | | | | |
| | Beth Kinsley | | | | | | |
| | Name of Person | | | | | | |
| | Northland Investment Corporation | | | | | | |
| | Firm/Company | | | | | | |
| | 2150 Washington Street | | | | | | |
| | Address | | | | | | |
| | Newton, MA 02462 | | | | | | |
| | C | ity/State and Zip Code | | | | | |
| | bkinsley@Northland.com | | | | | | |
| | E-mail address: (to be | used for future annual report notification) | | | | | |
| For further info | ormation concerning this matter, please cal | П: | | | | | |
| Beth | Kinsley | 617 630-7254 | | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | | |
| Regi | ng Address: stration Section | Street Address: Registration Section | | | | | |
| | sion of Corporations | Division of Corporations | | | | | |
| | Box 6327 | The Centre of Tallahassee | | | | | |
| I alla | hassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Please | sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee S130.00 Filing Fee Certificate o | e & 🔲 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate | | | | | |

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:

| Northland Reflect | ion Lakes LLC | | | |
|---------------------------------------|--|-------------------------------|--|--|
| (Name of Foreign | Limited Liability Company; must include "Limit | ted Liabilit | y 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 | ty Company," "L.L.C," or "LLC.") |
| Delaware 2 | | 3. | (FEI number, 1 | |
| (Jurisdiction under the law of v | hich foreign limited liability company is organized) | | (FEI number, i | f applicable) |
| Upon filling | | | | |
| | (Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to detern | o registratio mine penalty | n.) Hability) | _ |
| Northland Investment Corporation 5. | | 6. | Northland Investment Corpo | oration |
| (Street Address of Principal Office) | | | (Mailing Address) | |
| 2150 Washington Street | | | 2150 Washington Street | |
| Newton, MA 02462 | | | Newton, MA 02462 | |
| 7. Name and street address Name: | ss of Florida registered agent: (P.O. Bo Corporation Service Company | x <u>NOT</u> | acceptable) | TE LEAD TO THE SECOND S |
| Office Address: | 1201 Hays Street | | | A 9:2 |
| | Tallahassee | | 32301 , Florida | <u></u> |
| (City) | | | (Zip code) | |
| designated in this applica | otance: registered agent and to accept service of stion, I hereby accept the appointment of tions of all statutes relative to the prope to of my position as registered agent. (Registered agent) | as register and ca | ered agent and agree to act in t | his canacity. I further agree |

FILEL WAR AND AND STREET

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: Suzanne Abair Northland Ventures, L.P. □ Manager □Manager 2150 Washington Street 2150 Washington Street **■**Member □Member Newton, MA 02462 Newton, MA 02462 □ Authorized □ Authorized Person Person Secretary

Other_ Treasurer □Other Other____ ■Other Name: _ Lawrence R. Gottesdiener □Manager Name: □Manager Address: ____ 2150 Washington Street Address: □Member □Member Newton, MA 02462 Newton, MA 02462 □ Authorized □ Authorized Person Person ☐Other_CEO, President Asst. Secretary Other □Other Matthew R. Gottesdiener □ Manager □Manager 2150 Washington Street □ Member □Member Address: Newton, MA 02462 □ Authorized □ Authorized Person Person Vice President □Other_____ Other____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. See attached signature page Signature of an authorized person

Beth Kinsley, Assistant Secretary

Typed or printed name of signee

NORTHLAND REFLECTION LAKES LLC

By: Keffe VIII 111

Beth Kinsley
Assistant Secretary

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTHLAND REFLECTION LAKES 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-SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND REFLECTION LAKES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2020.

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





Authentication: 202986793

Date: 05-26-20

7987142 8300 SR# 20204567412