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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO. : 12000000195								
	REFERENCE : 835563 4304937								
	AUTHORIZATION: Juli Cena								
	COST LIMIT : \$\(\frac{1}{25}\).00								
ORDER DATE :	May 28, 2021	•							
ORDER TIME :	11:52 AM								
ORDER NO. :	835563-010								
CUSTOMER NO:	4304937								
FOREIGN FILINGS									
NAME:	NBPIII LEGACY II LLC								

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

XXXX QUALIFICATION (TYPE: LL)

EXAMINER:

COVER LETTER

O:	Registration Section Division of Corporations	
UBJEC	NBPIII Legacy II LLC	
		ne of Limited Liability Company
he encle xistence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
ease re	turn all correspondence concerning this matter t	to the following:
	Rachel Lipton	
		Name of Person
	Mintz Levin	
		Firm/Company
	One Financial Center	
		Address
	Boston, MA 02111	
	C	City/State and Zip Code
	rlipton@mintz.com	
	E-mail address: (to be	e used for future annual report notification)
or furthe	er information concerning this matter, please cal	n:
Rachel Lipton		617 348-1791 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address:
		Registration Section
		Division of Corporations
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
•	rananassee, 1 E 52514	Tallahassee, FL 32303
F	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP S125.00 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:

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.") (Name unavailable, enter alternate name adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.C."	NBPIII Legacy II LLC	0				
DE Clarediction under the law of which foreign limited hability company to organized) (FEI number, if applicable) (Diste first transacted basiness in Florida, if prior to registration.) (See sections 601.0904 & 603.0905, F.S. to determine penalty liability)	(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")		
Characterion under the law of which foreign limited hability company is organized	If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Lic	ability Company," "L.L.C," o	or "LLC.")
(City) (Ditribution under the law of which foreign limited liability company is organized) (Ditribution under the law of which foreign limited liability company is organized) (Ditribution under the law of which foreign limited liability company is organized) (Ditribution under the law of which foreign limited liability company is organized) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability) 401 Edgewater Place, Suite 265 (Mailing Address) Wakefield, MA 01880 Wakefield, MA 01880 Vakefield, MA 01880 Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Tallahassee Florida (City) (City) (City) (City) Comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligation Service Company By: Mawukii Characterists					, , , , ,	
(Pair first transacted business in Plorida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability) 401 Edgewater Place, Suite 265 (Mailing Address) Wakefield, MA 01880 Corporation Service Company Name: 1201 Hays Street Tallahassee Tallahas	(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI numbs	(FEI number, if applicable)	
(Pine first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty) 401 Edgewater Place, Suite 265 Street Address of Frincipal Office) Wakefield, MA 01880 Corporation Service Company Name: 1201 Hays Street Tallahassee Tallahass	1					
401 Edgewater Place, Suite 265 Sirect Address of Principal Office: Wakefield, MA 01880 Wakefield, MA 01880 Wakefield, MA 01880 Wakefield, MA 01880 Corporation Service Company Name: 1201 Hays Street Tallahassee Tallah	t	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	liability)		
Wakefield, MA 01880 Corporation Service Company Name: 1201 Hays Street 120	401 Edgewater Place, Suite 265			401 Edgewater Place, Su	ite 265	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company	Street Address of Principal Office)		6.	(Mailing Address)		
Name: Corporation Service Company Corporation Service Company	Wakefield, MA 0188	Wakefield, MA 01880		Wakefield, MA 01880		
Name: Corporation Service Company Corporation Service Company					-	-
Name: Corporation Service Company Corporation Service Company						
Name: Corporation Service Company Corporation Service Company					 -	
Name: 1201 Hays Street	7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	- ma	
Name: 1201 Hays Street 1201					2 2	
Office Address: Tallahassee (City) 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 plesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Corporation Service Company By:	Name:	Corporation Service Company			7 <u>m</u> 	<u></u>
Office Address: Tallahassee (City) 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 plesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Corporation Service Company By:	ridita.			 _	28	1-23
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Amunda Malinon, Assistan, Ass Proported	Having been named as re designated in this applica o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registe and con	red agent and agree to act in nplete performance of my du	this canacity. I fur	nher aere
(Registered agent's signature)				Amunda Bakhrum, Asak	Grit. Mic Philadesi	

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: Name and Address: Title or Capacity: Name and Address: Name: Dean Withington Atkins Name: ___ □Manager □ Manager 401 Edgewater Place 401 Edgewater Place . □Member □Member Suite 265 Suite 265 **■**Authorized ■Authorized Wakefield, MA 01880 Wakefield, MA 01880 Person Person Other_____ □Other____ □Other____ □Other___ □Manager Name: Name: □ Manager □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other □Other____ □Other_____ □Other____ Name: _____ □Manager □Manager Name: □Member Address: ____ □Member Address: ____ □ Authorized ☐ Authorized Person Person □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. Dean atteins 1179CE344818410 .. Signature of an authorized person

Typed or printed name of signee

Dean Withington Atkins

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NBPIII LEGACY II 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-EIGHTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NBPIII LEGACY II LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2021.

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

Authentication: 203318468

Date: 05-28-21