M21000012960

(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:

Office Use Only



400369821284

2021 OCT - 1 PN 12: 57

RECEIVED

Out C.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 065233 4709638

AUTHORIZATION : Oppulle man

COST LIMIT : \$ 125.00

ORDER DATE: October 1, 2021

ORDER TIME : 10:28 AM

ORDER NO. : 065233-020

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME: NORTHLAND FUND VI PARTNERS

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

COVER LETTER

	Division of Corporations	
UBJE	Northland Fund VI Partners LLC	
		Name of Limited Liability Company
he end xisten	closed "Application by Foreign Limited Lace, and check are submitted to register the	iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
lease i	return all correspondence concerning this	matter to the following:
	Amy Carchedi	
		Name of Person
	Northland Investment Corpo	pration
		Firm/Company
	2150 Washington Street	
		Address
	Newton, Massachusetts 024	162
		City/State and Zip Code
	acarchedi@northland.com	
	E-mail addres	s: (to be used for future annual report notification)
or furt	her information concerning this matter, pl	ease call:
	Amy	617 630-7227
	Name of Contact Perso	
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following am Please make check payable to: FLORID \$125.00 Filing Fee \$130.00 Filing Fee	A DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUITS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Northland Fund VI P					
(Name of Foreign	Limited Liability Company, must include "Limited	d Liabili	ty Company," "L.L.C.," or "LL.C.")	_	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	orida The	e alternate name must include "Limited Liability Company," "L.L.C." or	LLC.")	
Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, it applicable)	.	
·	(Date first transported business in Florida, if prior to				
c/o Northland Invest	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determinent Corporation	ne penalty	c/o Northland Investment Corporation		
2150 Washington St	reet		(Mailing Address) 2150 Washington Street		
Newton, Massachusetts 02462			Newton, Massachusetts 02462	-	
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :		-	
Name:	Corporation Service Company	_			
Office Address:	1201 Hays Street			5	
	Tallahassee (City)		32301 . Florida) i)	
	(v 1137)		(Zip code)		

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 place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: UMA ASSISTANT VICE PRESIDENT

(Registered agent's signature)

Title or Capacity:	Name and Address: Lawrence R. Gottesdiener	Title or Capacity: ☐ Manager ☐ Member ☐ Authorized	Name: Matthew Gottesdiener Name: 2150 Washington Street Newton, Massachusetts 02462			
□ Manager □ Member	Address: 2150 Washington Street Newton, Massachusetts 02462					
□Authorized						
Person		Person				
■Other_	□Other	■Other Vice Presi	dent ——	□Other		
□Manager	Name:	□Manager	Name:	th Kinsley		
□Member	Address: 2150 Washington Street	□Member		2150 Washingto	n Street	
□Authorized	Newton, Massachusetts 02462	□Authorized		Massachusetts (
Person		Person				
■Other_Secretary	y Treasurer	■Other_Ast. Secre	tary	□Other		
□Manager	Name:	□Manager	Name:	Type 1		
□Member	Address:	□Member	Address: _		100 Mg	7
□Authorized		□Authorized		77. 77.24 9.24	1	<u>-</u>
Person		Person		:: -:-	PM 12	1
□Other	Other	□Other		□Other =	2: 5	
indexed individuals in the second sec	s executed in accordance with section 605.02 nent to the Department of State constitutes a	Florida Department of State d, duly authenticated by the cate is in a foreign language, 203 (1) (b), Florida Statutes.	Annual Reposition Annual Reposition a translation I am aware led for in s.8	ng custody of rec n of the certificate	ords in the under oa	e ith

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORTHLAND FUND VI PARTNERS LLC" IS

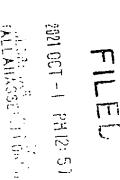
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND FUND VI PARTNERS LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2015.

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





Authentication: 204301171

Date: 10-01-21

5806804 8300 SR# 20213400128