

M24000008103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

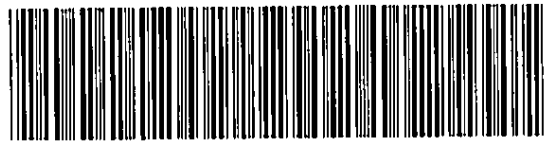
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600431178236

2024 JUN 24 PM 5:51

RECEIVED
2024 JUN 26 AM 3:41
ALLAHASSEE, FLORIDA

JUN 25 2024

K. Brumble



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

FILE 1ST

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 06/24/24
Order #: 1543303-3
Re: Northland Fund Viii Partners LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northland Fund VIII Partners LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Carchedi

Name of Person

Northland Investment Corporation

Firm/Company

2150 Washington Street

Address

Newton, MA 02462

City/State and Zip Code

acarchedi@northland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Carchedi

617

630-7227

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:*

1. Northland Fund VIII Partners LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability 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 Company," "L.L.C.," or "LLC.")

2. Delaware 3. 87-2931783
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2150 Washington Street 6. 2150 Washington Street
(Street Address of Principal Office) (Mailing Address)
Newton, MA 02462 Newton, MA 02462

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) Florida (Zip code)

2024 JUN 24 AM 9:51

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: Daniella Ellenberger Danielle Ellenberger Asst. Secretary
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Lawrence R. Gottesdiener</u>	<input type="checkbox"/> Manager	Name: <u>Matthew R. Gottesdiener</u>
<input type="checkbox"/> Member	Address: <u>2150 Washington Street</u>	<input type="checkbox"/> Member	Address: <u>2150 Washington Street</u>
<input type="checkbox"/> Authorized	<u>Newton, MA 02462</u>	<input type="checkbox"/> Authorized	<u>Newton, MA 02462</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Chairman</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input checked="" type="checkbox"/> Other <u>Treasurer</u>
 <input type="checkbox"/> Manager	Name: <u>Suzanne Abair</u>	 <input type="checkbox"/> Manager	Name: <u>Beth Kinsley</u>
<input type="checkbox"/> Member	Address: <u>2150 Washington Street</u>	<input type="checkbox"/> Member	Address: <u>2150 Washington Street</u>
<input type="checkbox"/> Authorized	<u>Newton, MA 02462</u>	<input type="checkbox"/> Authorized	<u>Newton, MA 02462</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>Assistant Secret:</u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	Name: <u>Adam Coffin</u>	 <input type="checkbox"/> Manager	Name: <u>Richard Pearl</u>
<input type="checkbox"/> Member	Address: <u>2150 Washington Street</u>	<input type="checkbox"/> Member	Address: <u>2150 Washington Street</u>
<input type="checkbox"/> Authorized	<u>Newton, MA 02462</u>	<input type="checkbox"/> Authorized	<u>Newton, MA 02462</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other <u></u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Beth Kinsley
B9C5C9C8E255435 ..

Signature of an authorized person

Beth Kinsley, Assistant Secretary

Typed or printed name of signer

OUAI -38506

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHLAND FUND VIII 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND FUND VIII PARTNERS LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



6228934 8300

SR# 20242960375

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203776622

Date: 06-24-24