



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Application for Registration
Foreign Limited Liability Company
 Filing Fee: \$150.00

FILED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 MAY -1 AM 11:46

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Northland Group LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of:	MN	
3. The date of its organization is:	4/28/2017	
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
C T Corporation System		
Street Address (NOT a P.O. Box)		
450 Veterans Memorial Parkway, Ste 7A		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914
5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
7831 Glenroy Rd., Ste 250, Edina, MN 55439		

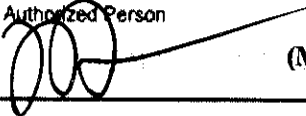
FILED
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 BUS. SVCS. DIV.
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BY 303213

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7. The mailing address for the limited liability company is:		
7831 Glenroy Rd., Ste 250, Edina, MN 55439		
8. Management of the Limited Liability Company:		
The limited liability company is managed		
☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)		
☒ By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
Michael Barrist	7831 Glenroy Rd., Ste 250 Edina, MN 55439	
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.		
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX		
☒ Date received (Upon filing)		
☐ Later effective date (Date must be no more than 30 days from the day of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Signature of Authorized Person  (Michael Barrist)	Type or Print Name of LLC Northland Group LLC	Date 4/28/2017

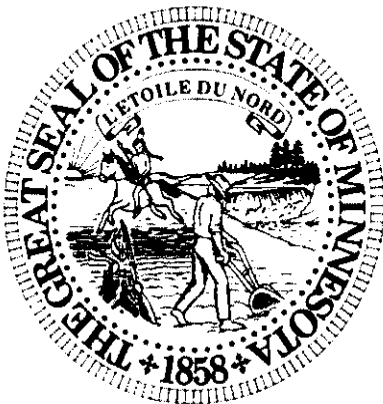
If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Northland Group LLC
Date Filed:	04/28/2017
File Number:	948259900085
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/28/2017



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 09, 2017 10:59 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

