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| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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C. LEWIS 8 2011 **EXAMINER**

| CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173 | ENUE | rmerly CCRS) | : → | |
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| FILING COVER ACCT. #FCA-14 | SHEET | | | |
| CONTACT: | Kim Weider | nbach | | |
| DATE: | 06/08/11 | | | |
| REF. #: | 000427.1493 | <u>343</u> | | |
| CORP. NAME: | NOBLE NE | CT LEASE IIIE, LL | <u>C</u> | |
| () ARTICLES OF INCO | DRPORATION | () ARTICLES OF A | MENDMENT | () ARTICLES OF DISSOLUTION |
| () ANNUAL REPORT | | () TRADEMARK/SE | RVICE MARK | () FICTITIOUS NAME |
| () FOREIGN QUALIFI | CATION | () LIMITED PARTN | TERSHIP | (XX) LIMITED LIABILITY |
| () REINSTATEMENT | | () MERGER | | () WITHDRAWAL |
| () CERTIFICATE OF (| CANCELLATION | N | | |
| () OTHER: | | | | |
| STATE FEES PI | REPAID W | тн снеск#⊆ | 540140 | _ FOR \$ 130,00 |
| AUTHORIZATI | ON FOR A | CCOUNT IF TO | BE DEBITED |): |
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| PLEASE RETU | RN: | | | |
| () CERTIFIED COP | Y (XX |) CERTIFICATE OF (| GOOD STANDING | (XX) PLAIN STAMPED COPY |
| () CERTIFICATE O | F STATUS | | | |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | Т | 1 | CI | Æ | I | - | N | am | e | |
|---|---|---|---|----|---|---|---|---|----|---|--|
|---|---|---|---|----|---|---|---|---|----|---|--|

The name of the Limited Liability Company is:

Noble Net Lease IIIE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: | |
|---|--|-----------------|
| 5821 C Lake Worth Road | 5821 C Lake Worth Road | |
| Greenacres, FL 33463 Greenacres, FL 33463 | | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.) The name and the Florida street address of | vn Registered Agent. You must designate an individ | |
| Peter S. Sidel, Es | sq. | ASS |
| Name | | m in the second |
| 5819 Lake Worth Road | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| Greenacres | _{FL} 33463 | A |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

28日 JUN - 8 - M 部 年6 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: SECHETARIA OF STATE TALEAHASSEEFFLORIDA Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Traci L. Ambrosino 5821 C Lake Worth Road Greenacres, FL 33463 **MGR** Paul Forberger 5821 C Lake Worth Road Greenacres, FL 33463 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a/member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Traci L. Ambrosino, Manager

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee