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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 12 2012

**EXAMINER** 

CORPDIRECT AG 515 EAST PARK A TABLAHASSEE, F 222-1173	VENUE	rmerly CCRS)	
FILING COVER ACCT. #FCA-14			
CONTACT:	Kim Weide	<u>nbach</u>	
DATE:	<u>06/11/12</u>		TILL THE TARK
<b>REF.</b> #:	000427.167	<u>875</u>	JE I E
CORP. NAME:	NOBLE N	ET LEASE INVESTMENTS, LLC	ED MO: 24 SEEF. FLORIDA
Anticles of inc	CORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	Γ	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALI	FICATION	( ) LIMITED PARTNERSHIP	( XX ) LIMITED LIABILITY
( ) REINSTATEMENT	Γ	( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF	CANCELLATION	N	
STATE FEES I	PREPAID W	тн снеск# <u>54</u> 473	FOR \$ <u>125.00</u>
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	D:
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( ) CERTIFIED CO		CERTIFICATE OF GOOD STANDING	( XX) PLAIN STAMPED COPY
Examiner's Initia	ls		

Examiner's Initials

## **COVER LETTER**

e,

TO:

**Registration Section Division of Corporations** 

SUBJECT: Noble Net Lease Investments, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Pater S. Sidel Esq.  Name of Person
Noble Properties Firm/Company
4280 Professional Center Drive, Suite 10
Palm Beach Gardens FL 33410 City/State and Zip tode
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Peter S. Side at (56) 966-0070  Name of Person at (56) 966-0070  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sqrt{125.00}\$ \text{ Filing Fee} \text{ \$\sqrt{130.00}\$ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}  \$\sqrt{155.00}\$ Filing Fee & \$\sqrt{160.00}\$ Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Noble Net Lease Investments, UC (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:
4280 Professional Center Dr Same Suite 100 Palm Beach Gardens, FL 33410
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Peter S. Sidel, Esq.
4280 Professional Center Dr., Suite 110 Florida street address (P.O. Box NOT acceptable)
Palm Beach Garden SFL 33410 City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Ma The name and address of each Mana	naging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Traci L. Ambrosino 4280 Professional Center De Ste 100 Palm Beach Gardens FL 33410
MGR	Paul Forberger 4280 Professional Center Dr Ste 100 Palm Beach Gardens, Fl 33410
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must loor 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	per or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
Traci	L. Ambrosino  yped or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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