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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

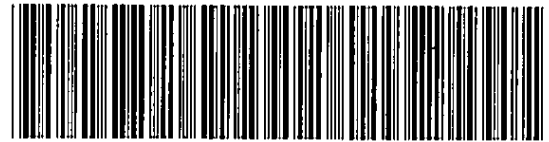
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 JUN 7 PM 4:55

2019 JUN 7 PM 4:55

FILED

Z BROWN

JUN 19 2019

Feigenbaum + Uddo, LLC

ATTORNEYS AT LAW

June 5, 2019

Overnight Mail

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Noble Financial Group, LLC

Dear Sir/Madam:

Enclosed please find the following documents pertaining to the above-referenced entity for filing:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Certificate of Legal Existence; and
- Check in the amount of \$125.00, in payment of the filing fee.

If you should have any questions, please do not hesitate to contact me.

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Richard A. Feigenbaum, Esq.
Eleanor M. Uddo, Esq.

Feigenbaum + Uddo, LLC
One DuPont Circle, Suite 200
Tallahassee, FL 32301

[t] Telephone
[f] Facsimile
[e] E-mail
[a] Address

EMU:cw
Enclosures

Very truly yours,

Eleanor M. Uddo

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Noble Financial Group, 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:

Eleanor M. Uddo, Esq.

Name of Person

Feigenbaum & Uddo, LLC

Firm/Company

386 Washington Street

Address

Wellesley, MA 02481

City/State and Zip Code

emu@elderlaw.com

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

For further information concerning this matter, please call:

Eleanor M. Uddo, Esq.

781
at ()

237-9900

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Noble Financial Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Noble Wealth Management, 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. Massachusetts 3. 81-3591139
(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. 35 Shannon Lane 6. 35 Shannon Lane
(Street Address of Principal Office) (Mailing Address)

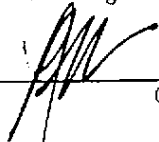
North Andover, MA 01845 North Andover, MA 01845

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

Name: Lucas J. Noble
Office Address: 8645 Palmer Park Circle
Sarasota, Florida 34238
(City) (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.

X 
(Registered agent's signature)

FILED
JUN 7 2015
CLERK OF COURT
HALL COUNTY, FLORIDA

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Lucas J. Noble

☒ Member Address: 35 Shannon Lane

☒ Authorized North Andover, MA 01845

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

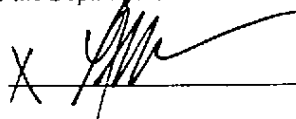
Person _____

☐ Other _____ ☐ Other _____

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)

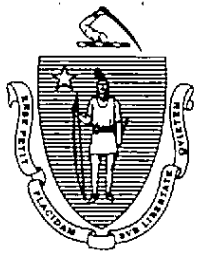
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X  _____
 Signature of an authorized person

Lucas J. Noble, Manager

 Typed or printed name of signee

FILED
 JUN 11 2010
 PH 11:00
 1000 N. GULF BLVD
 TAMPA, FL 33602



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

May 29, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

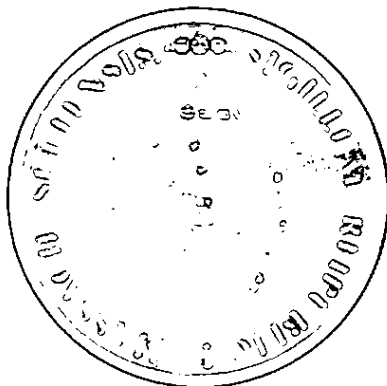
NOBLE FINANCIAL GROUP, LLC
(ORGANIZED AS: LUCAS NOBLE FINANCIAL, LLC)

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **August 17, 2016**.

I also certify that the following amendments to said Limited Liability Company have been filed:

Certificate of Amendment Filed: September 2, 2016

I further certify that no other amendment to said certificate of organization has been filed; that, said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:HL