

To: The Florida Dept. of State
Subject: 000427.114596.6

From: Ashley Smith

Tuesday, November 17, 2009 4:33 PM Page: 1 of 3

Division of Corporations

A090000000795

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110453000714
Phone : (850) 212-1173
Fax Number : (850) 274-1640

File Second, after NPAP II, INC.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

srusso@noblep.com

000427.114596.6

**FLORIDA/FOREIGN LP/LLP
NOBLE AP II, LTD.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

C. LEWIS

NOV 18 2009

EXAMINER

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Corporate Filing Menu

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H09000243164 3

FILED
2009 NOV 17 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. Noble AP II, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 5821 C Lake Worth Rd.
(Street address of initial designated office)

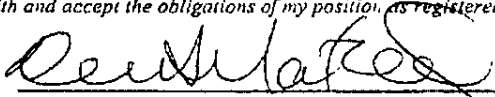
Greenacres, FL 33463

3. Neil W. Platlock, Esq.
(Name of Registered Agent for Service of Process)

4. 5819 Lake Worth Rd.
(Florida street address for Registered Agent)

Greenacres, FL 33463

5. 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.


Signature of Registered Agent

6. 5821 C Lake Worth Rd.
(Mailing address of initial designated office)

Greenacres, FL 33463

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

H09000243164 3

H09000243164 3

8. Name and business address of each general partner:

Name:

Business Address:

NPAP II, INC.

5821 C Lake Worth Rd.

709000094352

Green Acres, FL 33463

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this _____ day of _____

Signature of each general partner:

NPAP II, Inc., a Florida corporation
Sole General Partner

By: *[Signature]*

Senior Vice President

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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TALLAHASSEE, FLORIDA
H09000243164 3