

To: The Florida Department of State  
Subject: 000427.114596.8

From: Ashley Smith

Tuesday, November 17, 2009 4:39 PM Page: 1 of 3

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPDIRECT AGENTS, LLC  
Account Number : 110430000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

**L. SELLERS**  
NOV 18 2009  
**EXAMINER**

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

Email Address: skusso@noblep.com

000427.114596.8

FLORIDA/FOREIGN LP/LLLP  
NOBLE AP IV, LTD.

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

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TALLAHASSEE, FLORIDA

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09 NOV 17 AM 8:09

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H09000243180 3

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

1. Noble AP IV, 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. Platock, 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

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09 NOV 17 AM 8:09

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H09000243180 3

H09000243180 3

8. Name and business address of each general partner:

Name:

Business Address:

NPAP IV, INC.

5821 C Lake Worth Rd.

Greenacres, 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 IV, 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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