

To: The Florida Dept. of State
Subject: 000427.114596.5

From: Ashley Smith

Tuesday, November 17, 2009 3:49 PM Page: 1 of 3

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe

A090000000797

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

((H09000243093 3)))



H090002430933ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

**File Second,
after
NPAPI, 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

000427.114596.5

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

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

Electronic Filing Menu

Corporate Filing Menu

Help

H09000243093 3

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

FILED
09 NOV 17 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Noble AP I, 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)

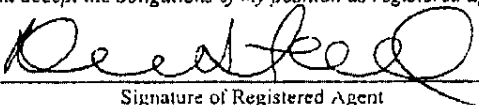
Greenacres, FL 33463

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 ☐

H09000243093 3

H09000243093 3

8. Name and business address of each general partner:

Name:

Business Address:

NPAP I, INC.

5821 C Lake Worth Rd.

PO9-94476

Greenacres, FL 33463

FILED
09 NOV 17 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NPAPI, Inc., a Florida corporation
Sole General Partner

By: Wanda P. Mac

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

H09000243093 3