

To: The Florida Dept. of State
Subject: 000427.114596.7

From: Ashley Smith

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

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TALLAHASSEE, FLORIDA

****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

000427.114596.7

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

Certificate of Status	1
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TALLAHASSEE, FLORIDA

S. HAWKES

NOV 19 2009

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Corporate Filing Menu

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EXAMINER

W09 50857

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

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TALLAHASSEE, FLORIDA

1. Noble AP III, 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)

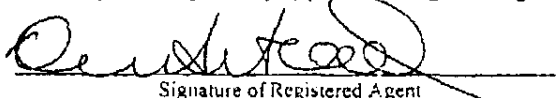
Greenacres, FL 33463

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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8. Name and business address of each general partner:

Name:

Business Address:

NPAP III, INC.

5821 C Lake Worth Rd.

Greenacres, FL 33463

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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:

NPAP III, 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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