

**A1000000620**

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 : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

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

**Email Address:**

**FLORIDA/FOREIGN LP/LLP**

**NOBLE FREE STANDING GROUP II, LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

**C. LEWIS**

OCT 12 2010

**EXAMINER**

## Electronic Filing Menu

## Corporate Filing Menu

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FILED  
2010 OCT 14 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Noble Free Standing Group II, Limited Partnership

(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 Lake Worth Rd Greenacres, FL 33463  
(Street address of initial designated office)

3. Peter S. Side1  
(Name of Registered Agent for Service of Process)

4. 5821 Lake Worth Rd Greenacres, FL 33463  
(Florida street address for Registered Agent)

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.

Peter S Side1  
Signature of Registered Agent

6. 5821 Lake Worth Rd Greenacres, FL 33463  
(Mailing address of initial designated office)

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:

Noble FSI, LLC  
L100000502185821 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 8th day of October, 2010

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

Traci L. Ambrosino  
Vice President of Noble FSI, LLC.SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 14 AM 9:16

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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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