12.0000005

(Requestor's Name) (Address)	
(Address)	600
(City/State/Zip/Phone #)	08/
PICK-UP WAIT MAIL	08/
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



238196126

/28/12--01001--009 **60.00

/31/12--01002--006 **1053.75

T. CLINE

AUG 3 1 2012

EXAMINER



August 28, 2012

CORPDIRECT AGENTS, INC. KIM WEIDENBACH TALLAHASSEE, FL

SUBJECT: NOBLE AP III, LLC Ref. Number: L11000137400

We have received your document for NOBLE AP III, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 012A00021922



CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)		
FILING COVER ACCT. #FCA-14	SHEET			
CONTACT:	Kim Weider	<u>nbach</u>		
DATE:	08/30/12			
REF. #:	000427.1717	768		
CORP. NAME:	NOBLE AP	III, LLC converting into: NOBLE	AP III, LTD.	
() ARTICLES OF INCO	ORPORATION	() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME	
() FOREIGN QUALIFI	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF (CANCELLATION	ſ		
(XX)OTHER: CONVE	·	10000	6 30 (ASS)	ECONOMIC SERVICES
STATE FEES PI	REPAID W	ITH CHECK# 100810	FOR \$ 1053.75	t t t to the
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D: 3	
		COST LIN	MIT: \$	
PLEASE RETUI	RN:			
(XX) CERTIFIED CO	,	(XX) CERTIFICATE OF GOOD STA	NDING () PLAIN STAMPED) СОРҮ

Examiner's Initials

COVER LETTER

Tallahassee, FL 32301

TO: Registration Se	ection			
Division of Co	rporations			
SUBJECT: NOBLE A	AP III, LTD.			
Name of I	Resulting Florida Limited	Partnership or Limited Li	ability Limited Partnership	
The enclosed Certifica submitted to convert a Limited Liability Lim	n "Other Organization	n" into a Florida Limi	-	
Please return all corres	spondence concerning	g this matter to:		
PETER S. SIDEL, ESC	2 .			
	Contact Person			
NOBLE MANAGEMENT	COMPANY			
	Firm/Company			
4280 N. PROFESSIONA	AL CENTER DRIVE, SI	JITE 110		
	Address			
PALM BEACH GARI	DENS. FL 33410			
	y, State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
lisa@noblep.com				
E-mail address: (to be	used for future annual rep	port notification)		
For further information	n concerning this mat	ter, please call:		
Peter S. Sidel, Esq.		at (561) 966	-0070	
Name of Con	tact Person		time Telephone Numberca	_ 52
Enclosed is a check fo	r the following amour	nt:		2E 12 AUG
□ \$1,052.50 Filing Fees	□ \$1,061.25 Filing Fees	□ \$1,105.00 Filing Fees	دِمِينِ \$1,113.75 Filing Rees,	30
(\$52.50 for Conversion	and Certificate of Status	and Certified Copy	Certificate of Status	
STREET ADDRESS	•	MAILING A	ADDRESS:	423
Registration Section		Registration Section		
Division of Corporatio	ns	Division of Corporations		
Clifton Building 2661 Executive Center	r Circle	P. O. Box 6327 Tallahassee, FL 32314		
2001 Executive Center	Circle	Tallanassee, FL 32314		

Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:		
NOBLE AP III, LLC 11- (3740)		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)	•	
first organized, formed or incorporated under the laws of FLORIDA		
(Enter state, or if a non-U.S. entity, the name of the country)		
on 12/31/2011 (Enter date "Other Business Entity" was first organized, formed or incorporated)		
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:	28 12 6	
(Enter Name of Florida Limited Partnership or Limited Liability Limited	3	
Partnership)	30	
4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.		
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)		
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.		

7. The "Other Business Entity" currently exists on the official records of the jurisdiction

under which it is currently organized, formed or incorporated.

Signed this 27th day of A	AUGUST	20_12		
Signature of Each General P Partnership/Limited Liabilit that the facts stated in this doc degree felony as provided for	y Limited Partnership: In ument are true. Any false in	dividual(s) sign	ing affirm(s)	
Signature: Printed Name: Traci L. Ambrosipo	Title	Vice President of	f NPAP III, Inc.	<u>.</u>
Signature:Printed Name:		:		-
Signature:Printed Name:				_
Signature:Printed Name:	Title			
Signature:Printed Name:	Title			,
Signature:Printed Name:	Title		· · · · · · · · · · · · · · · · · · ·	
Required Signature(s) on behat that the facts stated in this doc degree felony as provided for it Signature:	ument are true. Any false ir	formation cons	titutes a third	
Printed Name: Traci L. Ambrosino	Title	Duly Authorized Ag	jent	•
If Florida Corporation: Signature of Chairman, Vice Ch If Directors or Officers have no				
If Florida General Partnershi Signature of one General Partne		<u>nership:</u>	282	220
If Florida Limited Liability Consideration of a Member or Authorized Signature of a Member of Authorized Signature of Authorized Signature of a Member of Authorized Signature Signa			E-MAY	30
All others: Signature of an authorized person	on.			
(\$965 Filing Fee Certified Copy:	n: ate of Limited Partnership: and \$35 Filing Fee)	\$ 52.50 \$1,000.00 \$ 52.50 (Op		(3)
Certificate of Status:		\$ 8.75 (Op	tionai)	

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

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.
2.4280 PROFESSIONAL CENTER DRIVE SUITE 100
Street address of initial designated office
PALM BEACH GARDENS, FL 33410
3. PETER S. SIDEL, ESQ.
Name of Registered Agent for Service of Process
4. 4280 PROFESSIONAL CENTER DRIVE, SUITE 110
Florida street address for Registered Agent
PALM BEACH GARDENS, FL 33410
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 an accept the obligations of my position as registered agent.
Peter S. Sulla Signature of Registered Agent
6,4280 PROFESSIONAL CENTER DRIVE, SUITE 100
Mailing address of initial designated office
PALM BEACH GARDENS, FL 33410
7. If limited partnership elects to be a limited liability limited partnership, check box .

Page 1 of 2

Name and business address of each gene Name:	eral partner: Business Address:
NPAP III, INC.	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
864-94382	PALM BEACH GARDENS, FL 33410
, (7	
9. Effective date, if other than the date of filing:	
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	than 90 days after the date the document is
Signed this 27th day of AUG	UST ,2012 .
Signature of each general partner: Individuation of the second section of the second s	al(s) signing affirm(s) that the facts stated in on constitutes a third degree felony as
MayXal	
Traci L. Ambrosina	
Vice President of	
NIPAPITI Inc.	

Page 2 of 2

12 KUG 30 MM TD: 0