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(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
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866.625.0838
COGENCYGLOBAL.COM

Date: October 30, 2017

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: T012918

Entity Name: NOBLE LIFESELECT FUND, LP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

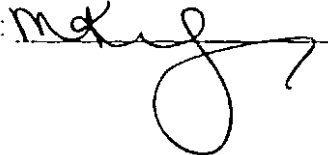
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

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Authorized Amount: \$1,000.00

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40th ST., 10 FL
NY, NY 10016
800.221.0107
+1.212.947.7200

• EUROPEAN HQ
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REG. OFFICE: 11 FENLAND WAY, 11
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• ASIA PACIFIC HQ
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Noble LifeSelect Fund, LP

(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3.

Date of Formation

4. Federal Employer Identification Number Applied For

5. Name of Registered Agent for Service of Process and Florida Street Address:

Nico Pronk

225 NE Mizner Blvd., Suite 150

Boca Raton, FL 33432

6. 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.

/s/ Nico Pronk

Signature of Registered Agent

7. Principal Office:

225 NE Mizner Blvd., Suite 150

Boca Raton, FL 33432

8. Mailing Address:

Same

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Noble LifeSelect Partners, LLC

Name of General Partner:

Street Address: 225 NE Mizner Blvd., Suite 150

Street Address:

Boca Raton, FL 33432

Mailing Address: Same

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 26th day of October, 2017

Noble LifeSelect Partners, LLC, as General Partner

By: _____

Signature of a general partner Nico Pronk, Manager

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

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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TALLAHASSEE, FLORIDA

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOBLE LIFESELECT FUND, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOBLE LIFESELECT FUND, LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6594346 8300

SR# 20176839873

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203480989

Date: 10-30-17