

L000000012887

**ATTORNEYS' TITLE**

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1- NOBLE LEATHER, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

**AMENDMENTS**

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

**OTHER FILINGS**

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION/QUALIFICATION**

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

500003434535--4  
-10/23/00--01019--001  
\*\*\*\$125.00 \*\*\*\*\$125.00

Examiner's Initials

00 OCT 23 AM 9:31  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE  
DIVISION OF CORPORATION  
10/23/00

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION**

**of**

**NOBLE LEATHER, L.L.C.**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Noble Leather, L.L.C.

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

6320 S. Tamiami Trail  
Sarasota, Florida 34231

**ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Kent Runnells, P.A.

Name

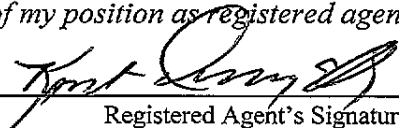
101 Main Street, Suite A

Florida street address (P.O. Box NOT acceptable)

Safety Harbor, FL 34695

City, State and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

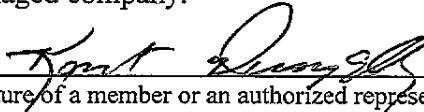


Registered Agent's Signature

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Management (Check box if applicable):**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kent Runnells, P.A.  
\_\_\_\_\_  
Typed or printed name of signee

APPROVED  
AND  
FILED

00 OCT 23 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA