

(Requestor's Name)		
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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01/03/08--01037--019 **160.00

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: Noble Lion LLC		
(Name of Limited Liability Company)		
	1 20 10 61	
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Leon Fresco		
(Name of Person)	
Noble Lion LLC		
	Firm/Company)	
1865 Brickell Avenue, Suite A-711		
	(Address)	
Miami, FL 33129		
(City/State and Zip Code)		
For further information concerning this matter, please	call·	
Tot future information concerning this matter, prease		
Leon Fresco	_{at} (305) 975-3833	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee &	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



RECEIVED

08 JAN -8 PH 4: 21

SECRETARIE OF STATE TALLAHASSEE, FLORIDA

January 4, 2008

LEON FRESCO 1865 BRICKELL AVE STE A-711 MIAMI, FL 33129

SUBJECT: NOBLE LION LLC Ref. Number: W08000000593

We have received your document for NOBLE LION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00000700

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Moble Lion LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Elithited Elability Company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1865 Brickell Avenue Suite-A-711 1865 Brickell Avenue Scite A-7 Miami, FL 33129 Miami, FL 33129
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Leon Fresco Leo The
1865 Brickell Avenue, Suite A-711 Florida street address (P.O. Box NOT acceptable)
Miami FL 33/29 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR/MGRM	Leon Fresco 1865 Brickell Avenue Suite A-711 Migmi, FL 33129
(Use attachment if necessary)	due of Clines (OPTIONIAY)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
——————————————————————————————————————	1750
(In accordance with sec	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury lerein are true.)
Leor Ty	ped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)