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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nam	ne) :
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

J. BRYAN

DEC 2 2 2009

EXAMINER

COVER LETTER

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SUBJECT:	Noble Gifts, LLC		
	Name of Limited Liability Company		
The enclosed Articles	s of Organization and fee(s) are submitted for filing.		
Please return all corre	espondence concerning this matter to the following:		
	Adam Altholtz		
	Name of Person		
	Altholtz Family Limited Partnership		
	Firm/Company		
	9803 Sweetwater Avenue		
	Address		
	Bradenton, FL 34202		
	City/State and Zip Code	<u> </u>	
	aaltholtz@wspartners.net E-mail address: (to be used for future annual report notification)		-
- C. J. C. J.			
For further information	on concerning this matter, please call:		
Ad	lam Altholtz at (941) 228-8591	9	
Nan	at (941) 228-8591 The action of Person Area Code & Daytime Telephone Number	09 DEC 21	7
Enclosed is a check	for the following amount:		
_	Certificate of Status Certified Copy Cop	C	C
	Mailing Address Registration Section Street/Courier Address Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE I - Name: Noble Gifts, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 9803 Sweetwater Avenue Bradenton, FL 34202 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: Adam Altholtz Name 9803 Sweetwater Avenue Florida street address of the registered agent are: Adam Altholtz Name 9803 Sweetwater Avenue Florida street address (P.O. Box NOT acceptable) Bradenton, FL 34202 FL 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.	ARTICLES OF ORGANIZA	TION FOR FLORIDA LIMITED LIABI	LITYEGOMPANY
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	lanager(s) or Manage lress of each Manage	ging Member(s): r or Managing Member is as follows:	O9 T
<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:	FILEI 09 DEC 21 PM SECRETARY OF FALLAHASSEE, I
MGR	_	Adam Altholtz 9803 Sweetwater Avenue Bradenton, FL 34202	D 2: 09 F STATE FLORIDA
MGR	_	Harvey Altholtz 2906 Alex McKay Place Sarasota, FL 34240	
	ate, if other than the c	date of filing:	. (OPTIONAL) pusiness days prior
to or 90 days after the day <u>REQUIRED</u> SIG	O,		
NEQUINED STO	an		
	Signature of a member	or an authorized representative of a member	.
	(In accordance with sect of this document constit that the facts stated here	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjurin are true.)	у
		Adam Altholtz	-
Filing Fees:	Тур	ed or printed name of signee	
of Regis \$ 30.00 Certified	ee for Articles of Organ stered Agent I Copy (Optional) ate of Status (Optional)	ization and Designation	

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