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FILING COVER ACCT. #FCA-14	SHEET		
CONTACT:	Kim Weider	<u>nbach</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE:	<u>07/28/11</u>		7
REF. #:	000427.1519	<u>926</u>	
CORP. NAME:	NOBLE NE	T LEASE MIL, LLC	٥٠
() ARTICLES OF INC	CORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	,	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	FICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT	Γ	() MERGER	() WITHDRAWAL
() CERTIFICATE OF	CANCELLATION	i	
() OTHER:			
. *		ITH CHECK# 540877 CCOUNT IF TO BE DEBITE	
		COST LI	MIT: \$
PLEASE RETU	JRN:		
() CERTIFIED CO	PY () (CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
() CERTIFICATE (Examiner's Initia	OF STATUS		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP ARTICLE I - Name: The name of the Limited Liability Company is: Noble Net Lease IIIL, 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: 5821 C Lake Worth Rd. 5821 C Lake Worth Rd. Greenacres, FL 33463 Greenacres, FL 33463 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: Peter S. Sidel Name 5819 Lake Worth Rd. Florida street address (P.O. Box NOT acceptable) FL 33463 City, State, and Zip Greenacres, 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.,

(CONTINUED)

Registered Agent's Signature (REOUIRED)

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:

MGR	Traci L. Ambrosino 5821 C Lake Worth Rd. Greenacres, FL 33463
MGR '	Paul Forberger
	5821 C Lake Worth Rd.
	Greenacres, FL 33463
(Use attachment if necessary)	
	he date of filing: (OPTIO

REQUIRED SIGNATURE:

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. I am aware that any 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.)

Traci L. Ambrosino, Manager

Typed 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)