## L14000105354

(Re	equestor's Name)	<del></del>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	<del>?</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2014

LINDA WELCH 1400 WATER VIEW DR W #102 LARGO, FL 33771

SUBJECT: NOBLE INTERIOR DESIGN, LLC

Ref. Number: W14000039382

We have received your document for NOBLE INTERIOR DESIGN, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Letter Number: 914A00013687

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Noble Interior Design, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Linda Noble Welch	Name of Person	
	Noble Interior Design, LLC	Firm/Company	
	1400 Water View Dr. W. #102	Address	
ı	<u>Largo, FL 33771</u>	City/State and Zip Code	
-lir	dawelch914@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information concerning this matter, ple	ase call:	
Linda	Name of Person	727 ) <u>434-4445</u> Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount:  10 Filing Fee   S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## $\textbf{ARTICLES} \, \textbf{OF} \, \textbf{ORGANIZATION} \, \textbf{FOR} \, \textbf{FLORIDALIMITED LIABILITY} \, \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:				
Noble Interior Design, LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or	r "LLC.")		
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Cor	mpany is:		
Principal Office Address:	Mailing Address:			
1400 Water View Dr. W. #102 Largo, FL 33771	1400 Water View Dr. W. # Largo, FL 33771	102		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis.)  The name and the Florida street address of the regis.	s own Registered Agent. You must des stration.)		lual or	
Linda Noble Welch				
1	Name		<u>-1-</u>	
1400 Water View Dr. W.	#102		$\equiv$	1 4
Florida street address (P.O	). Box NOT acceptable)		725 No	E. ( Ser) ( 20 * 7
Largo	FL 33771		ഗാ	Ĭ.
City	Zip	[] [1] [1] [1] [1] [1] [1] [1] [1] [1] [	垩	7
Having been named as registered agent and to accept the place designated in this certificate, I hereby capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept to	accept the appointment as registered a sions of all statutes relating to the prop	igent and <b>agree</b> to Ser and c <b>am</b> plete	o <del>g</del> çi in përfori	this nance=
Sorda	Signature (REQUIRED)			

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Linda Noble Welch	
	1400 Water View Dr. W. #102	_
	<u>Largo, FL 33771</u>	_
		_
		-
		_
ctive date is listed, the date must be sp	e of filing:	 r 90 d
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to o	 r 90 d
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EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to o	
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6) constitutes an affirmation und	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this documer er the penalties of perjury that the facts stated herein are true.	14 JUN 2
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true remation submitted in a document to the Department of State.	
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this documer er the penalties of perjury that the facts stated herein are true.	14 JUN 25
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true; rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	14 JUN 2
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	14 JUN 25

Page 2 of 2