

L16000091273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

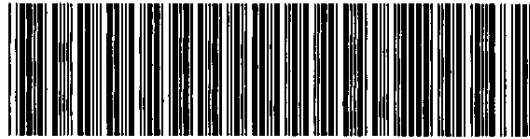
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/05/16--01019--005 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY -5 PM 3:43

FILED

5/12/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nobles BEI LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wantria Nobles Grimes

Name of Person

Nobles BEI LLC

Firm/Company

111 Monroe View Trail

Address

Sanford, FL 32771

City/State and Zip Code

noblesrei@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wantria Noble Grimes at 321 , 297-9521

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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

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

Street Address

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

RECEIVED  
TALLAHASSEE, FLORIDA

16 MAY -5 PM 3:43

FILED

EFFECTIVE DATE 05/02/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nobles REI LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 MAY -5 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

111 Monroe View Trail  
Sanford, FL 32771

Mailing Address:

Nobles REI  
P.O. Box 470354  
Lake Monroe, FL 32747

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:

Wanhia Nobles Grimes  
Name

111 Monroe View Trail

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

Sanford FL 32771  
City State 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 605, F.S.

Wanhia Nobles Grimes  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Wantina Nobles Grimes

111 Monroe View Trail  
Sanford, FL 32771

Derrick Nobles

111 Monroe View Trail  
Sanford, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 2, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Wantina Nobles Grimes  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Wantina NOBLES GRIMES

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)