L16000 108664

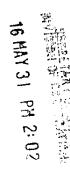
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(= -9,- =
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





400286361384

05/31/16--01018--024 **130.00



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Noble Real Estate Group LLC			
SUBJEC		of Limited Liabil	ity Company	
The enclo	osed Articles of Organization and fed	e(s) are submitted	l for filing.	
Please re	turn all correspondence concerning t	his matter to the	following:	
	Steve Robinson			
		Name of	Person	·
		Firm/Co	ompany	
	1700 Park Forest Blvd.			
		Addr	ress	
	Mount Dora, Florida, 32757			
	srobin00@comcast.net	City/State an	d Zip Code	
	E-mail address: (to be	e used for future a	annual report notificat	ion)
For further	information concerning this matter,	please call:		
	Steve Robinson	407 at (496-0115	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount	:		
]\$125.00 I	Filing Fee \$130.00 Filing Fee Certificate of Stat	us L-Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Noble Real Esta (Mus	at end with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	office of the Limited	Liability Company is:	
<u>Pr</u>	rincipal Office Address:		Mailing Address:	
1700 Park Fore	est Blvd.	1700) Park Forest Blvd.	
Mount Dora, Fl			Mount Dora, Florida, 32757	
-	th an active Florida registrationstreet address of the registered Steve Robinson	on.) d agent are:	You must designate an individual	6 MAY 3
-	th an active Florida registrationstreet address of the registered Steve Robinson	on.) d agent are: Name	Tou must designate an individual	6 MAY 31 PM 2:
-	th an active Florida registrationstreet address of the registered	on.) d agent are: Name		16 MAY 31 PM 2: 02
-	th an active Florida registration street address of the registered Steve Robinson 1700 Park Forest Blo	on.) d agent are: Name		6 MAY 31 PM 2:
-	th an active Florida registration street address of the registered Steve Robinson 1700 Park Forest Bly Florida street address	on.) d agent are: Name /d, ss (P.O. Box NOT a	cceptable)	6 MAY 31 PM 2:

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized	1 Member		
"MGR" = Manager MGR	Steve Robinson		
MOK	1700 Park Forest Blvd.		
	Mount Dora, FL., 32757		
	1410ditt 120/14, 1 E.1, 22/27		
		_	
(Use attachment if nec	essary)		
ffective date is listed, the e of filing.)	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to complete the applicable statutory filing requirements, this date will		-
ffective date is listed, the e of filing.) If the date inserted in thi	e date must be specific and cannot be more than five business days prior to our shock does not meet the applicable statutory filing requirements, this date will		-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of	e date must be specific and cannot be more than five business days prior to one shock does not meet the applicable statutory filing requirements, this date with the Department of State's records.		•
ffective date is listed, the e of filing.) If the date inserted in thi	e date must be specific and cannot be more than five business days prior to one shock does not meet the applicable statutory filing requirements, this date with the Department of State's records.		-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of	e date must be specific and cannot be more than five business days prior to one shock does not meet the applicable statutory filing requirements, this date with the Department of State's records.		-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of	e date must be specific and cannot be more than five business days prior to one shock does not meet the applicable statutory filing requirements, this date with the Department of State's records.		-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of	e date must be specific and cannot be more than five business days prior to come should be should be statutory filing requirements, this date with the Department of State's records. if any.		-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of the transfer	e date must be specific and cannot be more than five business days prior to come should be should be statutory filing requirements, this date with the Department of State's records. if any.		-
ffective date is listed, the e of filing.) If the date inserted in this nument's effective date of the edge of th	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. if any.		-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of the d	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member.	l not be	-
ffective date is listed, the e of filing.) If the date inserted in this nument's effective date of file. ELE VI: Other provisions. REOUIRED SIGNAT	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida Statu	I not be	-
ffective date is listed, the e of filing.) If the date inserted in this nument's effective date of file. ELE VI: Other provisions. REOUIRED SIGNAT This d I am a	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member.	I not be	-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of filing. ELE VI: Other provisions. REOUIRED SIGNAT This d I am a constit	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida Statuware that any false information submitted in a document to the Department of Sutes a third degree felony as provided for in s.817.155, F.S.	I not be	-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of the	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida Statuware that any false information submitted in a document to the Department of Sutes a third degree felony as provided for in s.817.155, F.S. Steven K. Robinson	tes.	-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of the	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida Statuware that any false information submitted in a document to the Department of Sutes a third degree felony as provided for in s.817.155, F.S.	tes.	-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of the	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member. occument is executed in accordance with section 605.0203 (1) (b), Florida State ware that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S. Steven K. Robinson Typed or printed name of signee	tes.	-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of filing. ELE VI: Other provisions. REOUIRED SIGNAT This d I am a constit	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida State ware that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S. Steven K. Robinson Typed or printed name of signee Filing Fees:	tes.	-
ffective date is listed, the of filing.) If the date inserted in this nument's effective date of the	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. FURE: Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida State ware that any false information submitted in a document to the Department of Sutes a third degree felony as provided for in s.817.155, F.S. Steven K. Robinson Typed or printed name of signee Filing Fees: or Articles of Organization and Designation of Registered Agent	tes.	-
ffective date is listed, the e of filing.) If the date inserted in this nument's effective date of the control	s block does not meet the applicable statutory filing requirements, this date with the Department of State's records. If any. FURE: Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida State ware that any false information submitted in a document to the Department of Sutes a third degree felony as provided for in s.817.155, F.S. Steven K. Robinson Typed or printed name of signee Filing Fees: or Articles of Organization and Designation of Registered Agent	tes.	-

ARTICLE IV-