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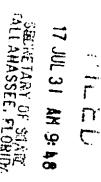
(Requestor's Name)
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AUG 01 2017 K. Brumbley

#### COVER LETTER

то:	New Filing Section Division of Corporations
	Noble Holst Design LLC.
SUBJE	CT:
The end	:losed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Francis Wormuth
	Name of Person
	Firm/Company
	1406 Petronia Street
	Address
	Key West, Florida 33040
	City/State and Zip Code sangha@hergulesse.de
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Francis Wormuth 305 2939934
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
S125.0	0 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Noble Holst I	Design T.J.C.			
(Mu	st contain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and s	treet address of the principal of	fice of the Limited I.	liability Company is:	
<u> P</u>	Principal Office Address:		Mailing Address:	
1406 Petronia	Street	1128 .	1128 Johnson Street	
Key West, Florida 33040				
Key West, Flo	rida 33 <b>0</b> 40	Key V	Vest, Florida 33040	
TICLE III - Register ne Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration	K Registered Agent Registered Agent, Yo	's Signature:	or A(L)
ETICLE III - Register ne Limited Liability Co other business entity w	ed Agent, Registered Office, 8	K Registered Agent Registered Agent, Yo	's Signature:	SHURLIAN SALLAHASS
ETICLE III - Register ne Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered	K Registered Agent Registered Agent, Yo	's Signature:	SHURL TARY
ETICLE III - Register ne Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent Registered Agent, Yo n.) agent are:	's Signature:	SHOW I ARY OF ALL AHASSEE, F
ETICLE III - Register ne Limited Liability Co other business entity w	ed Agent, Registered Office, & mpany cannot serve as its own ith an active Florida registration street address of the registered  Tracey Holst	Registered Agent Registered Agent. You n.) agent are:	's Signature: ou must designate an individual	SHURLIARY OF SIA
ETICLE III - Register ne Limited Liability Co other business entity w	ed Agent, Registered Office, 3 mpany cannot serve as its own ith an active Florida registration street address of the registered Tracey Holst  1128 Johnson Street	Registered Agent Registered Agent. You n.) agent are:	's Signature: ou must designate an individual	SHOW I ARY OF ALL AHASSEE, F

(CONTINUED)

Registered Agent's Signature (REQUIRED)

#### ARTICLE IV-

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

Title;	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Tracey Holst
MGR	1128 Johnson Street
	Key West, Florida 33040
	Ney West, Fibrida 2,000
(Use attachment if necessary)	
	A SECTION OF THE SECT
ICLE V: Effective date, if other than the	date of filing:
	e specific and cannot be more than five business days prior to or 90 days af
ate of filing.)	
	not meet the applicable statutory filing requirements, this date will not be liste
ocument's effective date on the Departm	ient of State's records.
KOLENIE ON THE SECTION OF THE SECTIO	
ICLE VI: Other provisions, if any.	
DEMHIDENCIONATEDE.	. 1
REOUIRED SIGNATURE:	

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.

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)