

L180000271483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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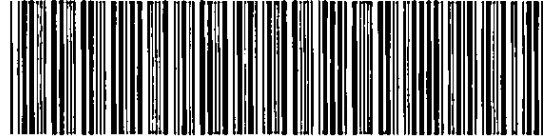
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Nobular Partners, 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:

Robert M. Arlen
Name of Person
Bankier, Arlen & Snelling Law Group, PLLC
Firm/Company
101 S.E. 6th Avenue, Suite D
Address
Delray Beach, FL 33483
City/State and Zip Code
lynnearlen@bankierlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M. Arlen 561 279-1880
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

**ARTICLES OF ORGANIZATION FOR
NOBULAR PARTNERS, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

THE UNDERSIGNED, Robert M. Arlen, being the attorney for and an authorized representative of all of the Members of NOBULAR PARTNERS, LLC, and for the purpose of creating the Florida limited liability company under Chapter 605 Florida statutes, does hereby execute these Articles of Organization and would state:

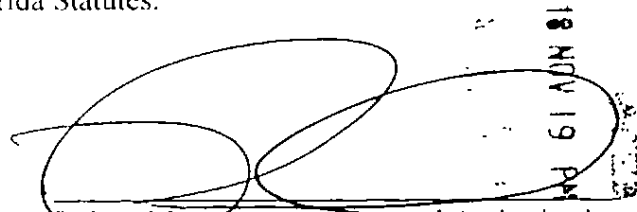
1. **Name:** The name of the limited liability company is NOBULAR PARTNERS, LLC.
2. **Principal Office:** The mailing address and street address of the principal office of the limited liability company is 101 S.E. Sixth Avenue, Suite D, Delray Beach, FL 33483.
3. **Registered Agent and Office:** Robert M. Arlen is hereby appointed as registered agent for the limited liability company. His office address is: 101 S.E. Sixth Avenue, Suite D, Delray Beach, FL 33483. His signature and acceptance are provided below.
4. **Manager:** This is a Manager (MGR) Managed LLC. The MGRs of the LLC are:

Robert M. Arlen, Manager
101 S.E. Sixth Avenue, Suite D
Delray Beach, FL 33483

Kenneth B. Arlen, Manager
2734 Park Place
Evanston, IL 60201

In accordance with Section 605.0203(1)(b) 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 in s.817.155 Florida Statutes.

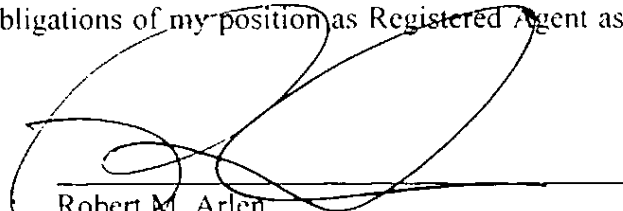
Executed this November 14, 2018.


Robert M. Arlen, Attorney and Authorized
Representative of all of the Members of
the LLC

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Acceptance of Registered Agent

I, Robert M. Arlen, having been named as Registered Agent and to accept service of process for the above named limited liability company at the place designated in paragraph 3 above, do hereby accept my 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 Florida Statutes.



Robert M. Arlen
Registered Agent

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