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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only States 2 pr Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	NOBLE METTLE, LLC						
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 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:	
, <u>, , , , , , , , , , , , , , , , , , </u>	
Matthew P Ferguson Name of Person	
Name of Person	-
· ·	
Firm/Company	
403 David Hills Rd	
Address	_
Address Temple Terrace FL 33617 Chy/State and Zip Code Matthew, Faguson - 67@ gmails Con7 E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
and the solution of the state o	
Mat Ferrison #1540 834-1/52	
Matt Ferguson at (540) 834-6653 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status \$155.00 Filing Fee & Certificate of Status \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section	
Division of Corporations Division of Corporations	

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

Division of Corporations
Clirton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE FI

ARTICLE I - Name:
The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

403 Druid Hills Rd

Temple Terrace, FL 33bi7

Tampa, FL 33b87

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:

Pearstered Agents, Inc.

Name

7901 4th Str. N 3TE 300

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

St. Petersburg, FL 33702

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Title: "AMBR" = Authorized Member	Name and Address:						
	"MGR" = ManagerMGR	Mathew Premuson 403 Druid Hills Rd Temple Terrace F1 33617						
	<u>mgr</u>	Taralyo T Ferguson 403 Orud Hills Rd Temple Terrace, Fi 33617						
	(Use attachment if necessary)							
(If an ef the date Note: I	of filing \	specific and cannot be more than two business days prior to or 30 d.						
ARTIC	LE VI: Other provisions, if any.							
	REQUIRED SIGNATURE:	Pour P Luguron						
	This document is exec	member or an adhorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.						
	<u></u>	lathas P Ferguson						
		Typed or printed name of signee	Ś					

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)

SECRETARY OF STATE
TALLAHASSRE, FL 2021 JUH 23 AH II: 38