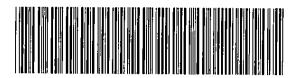
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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CORPORATE
ACCESS,

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INC.

SPECIAL INSTRUCTIONS:

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

	Filing Section ision of Corporations		
SUBJECT:	Noddy 11 Investments LLC		
0000000011		Limited Liability Company	<u>_</u>
The enclosed	Articles of Organization and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this i	matter to the following:	
_	Jason Matthews		
		Name of Person	
_		Firm/Company	
	301 W Platt St., #A343		
_		Address	
	Tampa, FL 33606		707
-	Invest@Team ADV con-	City/State and Zip Code	7074 JUN - 15
_	Jmatt@TeamABV.com	ed for future annual report notification	<u> </u>
		·	on) AS (1) (1)
For further info	ormation concerning this matter, ple	ase call:	M 9: 17
<u>Ja</u>	N	at (412) 414-4405 nne of Person — Area Code ytime Telephone Number	AIE
Enclosed is a	check for the following amount:		_
\$125.00 Filir	ng Fee X \$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	Street Address New Filing Section Division of Corporation Clifton Building	ons

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

Noddy 11 Investme	ents LLC			
(Must	contain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: The mailing address and stre	et address of the principal off	ice of the Limited I	Liability Company is:	
	ncipal Office Address: A343 Tampa, FL 33606		Mailing Add	<u>lress</u> :
				-
	·· -			
	Agent, Registered Office, &			ulividual or
The Limited Liability Compother business entity with	pany cannot serve as its own R an active Florida registration reet address of the registered a	Registered Agent. Y n.) agent are:		idividual or
The Limited Liability Comp nother business entity with	oany cannot serve as its own R an active Florida registration	Registered Agent. Y n.) agent are:		idividual or
The Limited Liability Composite business entity with	pany cannot serve as its own R an active Florida registration reet address of the registered a	Registered Agent. Y agent are: ews		idividual or
The Limited Liability Composite business entity with	pany cannot serve as its own R i an active Florida registration reet address of the registered a Jason Matthe	Registered Agent. Y a.) agent are: ews Name 343 (P.O. Box NOT ac	ou must designate an in	ndividual or

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my d am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Ason Matthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jason Matthews
	301 W Platt St., #A343 Tampa, FL 3360
(Use attachment if necessary)	
fective date is listed, the date must be specific and of filing.)	pplicable statutory filing requirements, this date will no s records.
	i de la companya de
REQUIRED SIGNATURE: Jason M.	atthews 2
This document is executed in acc	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes tion submitted in a document to the Department of State