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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NobleActs, LLC	
Nar	ne of Limited Liability Company
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the al	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
Lisa Moffett	
	Name of Person
NobleActs, LLC	
	Firm/Company
5400 Tech Data Drive	
	Address
Clearwater, FL 33760	
	City/State and Zip Code
lisamo@softcomputer.	.com
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Lisa Moffett	at (727) 789-0100 x4214
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amoun \$125.00 Filing Fee Certificate of State	e & \$\int\\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. NobleActs, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware 3, 45-5384982
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. <u>5/15/2012</u> 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. No Transactions as of yet
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5400 Tech Data Drive
Clearwater, FL 33760
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
Y The name and usual husiness addresses of the managing members or managers are as follows: $$
Gilbert Hakim
5400 Tech Data Dr
Clearwater, FL 33760
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Financial Services Intermediary
Julan Abokam
Signature of a member or an authorized representative of a member. (In accordance with rection 608.408(3), F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true 1 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.)
Gilbert Hakim
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NobleActs, LLC		
If unavailable, the	e alternate to be used in the state of Florida is:	
2. The name and	the Florida street address of the registered agent and office are:	
Ā	rmin Hakim (Name)	
5_	400 Tech Data Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	
<u>(</u>	Clearwater FL 33760 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 608, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE VISION OF COPHORATIONS

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOBLEACTS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTEENTH DAY OF JULY, A.D. 2012.

5155230 8300

120713852

AUTHENTY CATION: 9709188

DATE: 07-13-12

You may verify this certificate online at corp.delaware.gov/authver.shtml