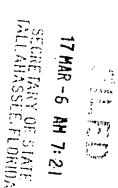
## M17000001874

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Emily Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W16-77163					

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2016

MIRANDA QUINENE 7476 118TH ST. JACKSONVILLE, FL 32244

SUBJECT: SOUTHERN NOBLE LLC

Ref. Number: W16000077163

We have received your document for SOUTHERN NOBLE LLC and yours check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State authenticated by the secretary of state or other official having custody records in the jurisdiction under the laws of which it is incorporated must be submitted to this office. A translation of the certificate under the translator must be attached to a certificate which is in a language of the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, with a ays of your filing will be considered abandoned:

If you have any questions concerning the filing of your (850) 245-6051.

Tanisha L Washington Regulatory Specialist II

Lette N

A00024 07

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 Tall thesee, Florida 32314

#### COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ons			
SUBJECT:SQUTHERN		SOUTHERN	NOBLE UC		
	<del></del>	Name of 1	Limited Liability Company		
				ransact Business in Florida," Certificate of ty company to transact business in Florida	
Please	return all correspondence	concerning this matter to the	following:		
		MIRANDA	QUINENE		
		N	ame of Person		
		SOUTHERN	NOBLE LL	<u> </u>	
	Firm/Company				
		7476 1187	H CT.		
			Address		
	JACKSONVIUE, FL 32244  City/State and Zip Code				
		Aduin @	SOUTHERNNO for future annual report no	)BLE . COM	
For fu	rther information concerni	·			
	MTPM	A QUINTING of Contact Person	at ( <u>386</u> ) Area Code Da	519 - 2690 ytime Telephone Number	
	MAILING ADDRESS Division of Corporation	<u>:</u>	STREET ADDRESS: Division of Corporations		
Registration Section P.O. Box 6327		Registration Section Clifton Building			
	Tallahassee, FL 32314		2661 Ex	ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow	ving amount:			
	□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Southern noble W (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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELEWHILE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent./ 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MIRKOR GUILLE, MANNER, 7476 118TH ST. JACKBONIUE, FL 32244 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 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. MIRHOR CHINEKE

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SOUTHERN NOBLE 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 SEVENTEENTH DAY OF JANUARY, A.D. 2017.

6193521 8300

Authentication: 201877339

Date: 01-17-17