

M20000008547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

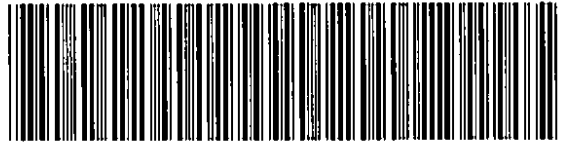
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500352885755

RECEIVED

2020 SEP 30 PM 3:05

CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 SEP 30 AM 11:35

SBF
10/1/20

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA0000000017

Date: 9-30-20

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 160.00

Corporation Name: Noble Risk Management, LLC

Email Address: jlawrence@noble.com

Entity Number: _____

Authorization: Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 15694

Matter: 47137

Name: B. Vecchioli

Office: TLH

COVER LETTER

TO: Registration Section
Division of Corporations
 Noblr Risk Management, LLC

SUBJECT: _____
 Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Lawrence

 Name of Person

Noblr, Inc.

 Firm/Company

1 Union Street, Suite 210

 Address

San Francisco CA 94111

 City/State and Zip Code

jlawrence@noblr.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Lawrence

781

686-9917

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2020 SEP 30 AM 11:35

**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:*

Noblr Risk Management, LLC

1. _____
(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.")
Colorado 83-2484499

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

N/A

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1 Union Street

1 Union Street

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Suite 210

Suite 210

San Francisco, CA 94111

San Francisco, CA 94111

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

CF Registered Agent, Inc.

Name: _____

100 S. Ashley Dr. Suite 400

Office Address: _____

Tampa

33602-5300

_____, Florida _____
(City) (Zip code)

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 comply with 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.



(Registered agent's signature)

2020 SEP 30 AM 11:35

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: _____ **Name and Address:** _____
 Gary Tolman
☐ Manager Name: _____
 1 Union Street, Suite 210
☐ Member Address: _____
 San Francisco, CA 94111
☒ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Jennifer Lawrence
☐ Manager Name: _____
 1 Union Street, Suite 210
☐ Member Address: _____
 San Francisco, CA 94111
☒ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Vernon Vasquez
☐ Manager Name: _____
 1 Union Street, Suite 210
☐ Member Address: _____
 San Francisco, CA 94111
☒ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
 Jason Foucher
☐ Manager Name: _____
 1 Union Street, Suite 210
☐ Member Address: _____
 San Francisco, CA 94111
☒ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

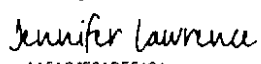
Tom Boyle
☐ Manager Name: _____
 1 Union Street, Suite 210
☐ Member Address: _____
 San Francisco, CA 94111
☒ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

DocuSigned by:

 AA5AC7F2ADF54C1

Signature of an authorized person

Jennifer Lawrence

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Noblr Risk Management, LLC

is a

Limited Liability Company

formed or registered on 04/27/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181352185 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/04/2020 that have been posted, and by documents delivered to this office electronically through 09/08/2020 @ 11:59:12 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/08/2020 @ 11:59:12 in accordance with applicable law. This certificate is assigned Confirmation Number 12581743 .



Jena Griswold

Secretary of State of the State of Colorado

2020 SEP 30 AM 11:35

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"