

M22000017230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

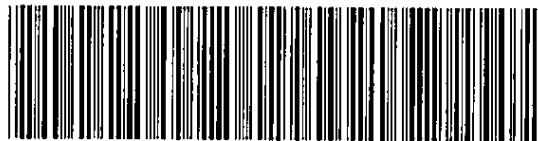
(Business Entity Name)

(Document Number)

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FLORIDA SECRETARY OF STATE  
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ALLAHASSEE, FLORIDA

NOV 15 2022  
K. Brumley

(1)

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 11/15/2022  
Acc#I20160000072

*encl D/H*

Name:	NOA AL GP LLC
Document #:	
Order #:	14638287

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<i>1-2 FILING</i>		
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Certificate of Good Standing:	<input type="checkbox"/>	<i>LLC 1<sup>st</sup> LP 2<sup>nd</sup></i>		
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

**Thank you!**

**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 TRANACT BUSINESS IN THE STATE OF FLORIDA:

Noa AL GP 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC".)

## Delaware

2. \_\_\_\_\_ (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (FEI number, if applicable)

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

5. 4890 W. Kennedy Blvd., Suite 900  
(Street Address of Principal Office)

6. 4890 W. Kennedy Blvd., Suite 900  
(Mailing Address)

Tampa, FL 33609

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Tampa, FL 33609

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

## C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

By: Donna Peterson-Riggs C T Corporation System  
Donna Peterson-Riggs, Asst. Secretary  
(Registered agent's signature)

FL052 - 6/25/2015 Waters Shower Online

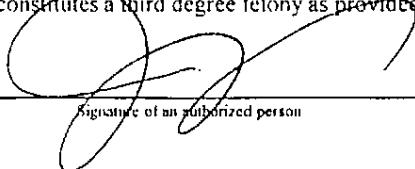
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager Name: Joseph G. Lubeck		<input type="checkbox"/> Manager Name: _____	
<input type="checkbox"/> Member Address: Noa AL GP LLC		<input type="checkbox"/> Member Address: _____	
<input type="checkbox"/> Authorized Person	4890 W. Kennedy Blvd., Suite 900 Tampa, FL 33609	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other	PRESIDENT	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

  
Signature of an authorized person

Joseph G. Lubeck

Typed or printed name of signer

# Delaware

Page 1

The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "NOA AL GP 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2022.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
ASSESSED TO DATE.*



Jeffrey W. Bullock, Secretary of State

