

7/15/24 10:23 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
 H240000239223 9626

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000239223 3)))



H240000239223 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : 120080000045
 Phone : (302)645-7400
 Fax Number : (302)645-1280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mysecuredocs@zohomail.com

Foreign Limited Liability Company
 Noble Online Ventures LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2024 JUL 15 AM 10:57

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

mysecuredocs@zohomail.com

2024 JUL 15 PM 3:12

2024 JUL 15 PM 3:12
 mysecuredocs@zohomail.com

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000239223 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 909.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.1. Noble Online Ventures LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP.")

(If using an available, even alternate name adopted for the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Delaware 3. 0013830243
(State and country of which foreign limited liability company is organized) (LLC number, if applicable)4. _____
(Date and state that said business will conduct prior to registration)
(Specify none of the above and state of U.S. to determine penalty liability)5. 3115 Kramer Ct 6. 3115 Kramer Ct
(Street Address of Principal Office) (Street Address)The Villages, FL 32163 The Villages, FL 321637. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Registered Agents Inc.Office Address: 7901 4th Street N, Ste 300St. Petersburg 33702

(City) (Zip code)Florida

(State) (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.David Roberts

(Registered agent's signature)

(((H24000239223 3)))

((H24000239223 3)))

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>
☒ Manager	Name: Dorothy Strumpf Noble	☐ Manager	Name _____
☐ Member	Address: 3415 Kramer Ct	☐ Member	Address: _____
☐ Authorized	The Villages, FL 32163	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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 605.02(2)(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.

இந்தியா

8. *Journal of the American Statistical Association*, 1990, 85, 1003-1010.

Dorothy Strumpf Noble

[†] *Aspergillus fumigatus* (ATCC 9642) was used as a control.

((H24000239223 3)))

(((H24000239223 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOBLE ONLINE VENTURES 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 FIFTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOBLE ONLINE VENTURES LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2024.

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



4099264 8300

SR# 20243136258

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Authentication: 203922368

Date: 07-15-24

(((H24000239223 3)))