

M24000012085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

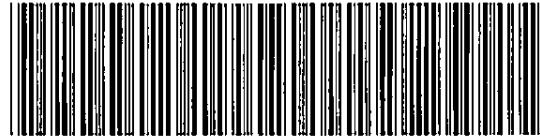
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MS

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$160.00**

**Authorization Signature:** 

**Business Name:** NOBLE ENDEAVORS LLC

**Document #**

☒ **Certified Copy**

☒ **Certificate of Status**

**NEW FILINGS**

**&**

**AMENDMENTS**

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ Corp
- ☐ Inc
- ☐ Other

- ☐ Amendment
- ☐ Resignation / Dissociation
- ☐ Change of Registered Agent
- ☐ Dissolution for LLC
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended & Restated Articles of Incorporation
- ☐ Statement of Correction

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

- ☐ Apostille(s)
- ☐ Country(s)

- ☒ **Foreign Filing LLC**
- ☐ Reinstatement
- ☐ Qualification
- ☐ Fictitious Name
- ☐ Annual Report

**EXAMINER'S INITIALS:** \_\_\_\_\_

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Noble Endeavors LLC

\_\_\_\_\_  
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:

Mary Jo Ronn

\_\_\_\_\_  
Name of Person

Monroe Moxness Berg PA

\_\_\_\_\_  
Firm/Company

7760 France Ave. So., Suite 700

\_\_\_\_\_  
Address

Minneapolis, MN 55435

\_\_\_\_\_  
City/State and Zip Code

mronn@mmblawfirm.com

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

For further information concerning this matter, please call:

Mary Jo Ronn

952

885-5989

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

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:

1. Noble Endeavors LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Noble Endeavors Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. \_\_\_\_\_  
(FBI 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. 3801 Bayshore Blvd. NE  
(Street Address of Principal Office)

6. 3801 Bayshore Blvd. NE  
(Mailing Address)

St. Petersburg, FL 33703

St. Petersburg, FL 33703

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

Name: Lonnie Noble

Office Address: 3801 Bayshore Blvd. NE

St. Petersburg, Florida 33703  
(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.

Lonnie Noble  
(Registered agent's signature)

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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:**

☐ Manager      Name: Lonnie Noble

☒ Member      Address: 3801 Bayshore Blvd. NE

☐ Authorized      St. Petersburg, FL 33703

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Nathan P. McCurren

☐ Member      Address: 4131 Webster Ave. So.

☒ Authorized      St. Louis Park, MN 55416

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: Juliana Chugg

☒ Member      Address: 3801 Bayshore Blvd. NE

☐ Authorized      St. Petersburg, FL 33703

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Mary Jo Ronn

☐ Member      Address: 7760 France Ave. So. Ste. 700

☒ Authorized      Minneapolis, MN 55435

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

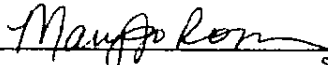
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Mary Jo Ronn  
\_\_\_\_\_  
Typed or printed name of signer

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

|                              |                     |
|------------------------------|---------------------|
| Name:                        | NOBLE ENDEAVORS LLC |
| Date Filed:                  | 10/30/2014          |
| File Number:                 | 791251800025        |
| Minnesota Statutes, Chapter: | 322C                |
| Home Jurisdiction:           | Minnesota           |

This certificate has been issued on: 09/19/2024



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota