

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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700344247407

05/11/20--01016--018 **78.75

06/22/20--01018--002 **600.00

T GLASS JUN 2 2 2020



May 18, 2020

ANTHONY DEANGELO 302 WEYMOUTH STREET ROCKLAND, MA 02370 US

SUBJECT: NOBLE SALES CO., INC

Ref. Number: W20000048437

We have received your document for NOBLE SALES CO., INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$600.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 620A00009961

RECEIVED

COVER LETTER

_	tration Section ion of Corporations				
SUBJECT:	Noble Sales Co., Inc.				
3033311	Name	of corporation - n	ust include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Standing	g" and check are subn		
Please return	all correspondence concern	ing this matter to	the following:		
Anthony DeAr	gelo				
		Name of Pers	son		
Noble Sales Co	o., Inc.				
		Firm/Compar	ıy		
302 Weymouth	Street				
		Address			
Rockland, MA	, 02370			6	
		City/State and 2	Zip code	: -	
tdeangelo@no				_	
	E-mail address	s: (to be used for f	uture annual report no	otification)	
For further in	formation concerning this n	natter, please call:		- :- -	
Anthony DeAr	anthony DeAngelo 781 836-0209		12		
Nam	e of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following americk payable to: FLORIDA Ding Fee S78.75 Filit Certificate	EPARTMENT OF Sign Fee & Sign Sign Sign Sign Sign Sign Sign Sign	STATE 78.75 Filing Fee & ertified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Noble Sales Co.	. Inc.			
	orporation; must include "INCORPORATED," orp.," "Inc." "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	,	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
2. Massachusetts	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 10/01/1982	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. 3/1/30	016	· <u></u>	<u> </u>	
,	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150))	
7 302 Weymouth S	treet, Rockland, MA, 02370	, ,	,	
/·	(Principal office	street address)		
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	InCorp Services, Inc.		2020.1	
Office Address:	17888 67th Court North		· · · · · · · · · · · · · · · · · · ·	
	Loxahatchee	Florida 33470 (Zip code)	5	
	(City)	(Zip code)	 - ·	
9. Registered ag	ent's acceptance:		 	

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Heather Glenn on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRÉCTORS	•	•						
□Chairman	Name: Thomas W. Noble III	□Chairman	Name: Denis Murphy					
□Vice Chairman	86 Blackrock Drive	□Vice Chairman	Address: 106 P	arker Road				
Director	Hingham. MA, 02043	□Director	Wellesley, MA	A, 02482				
■ President		□President						
□Vice President		□Vice President						
Secretary	Treasurer	□Secretary		□Treasurer				
□Other	Other	☐Other		□ Other				
□ Chairman	Name:	□Chairman	Name:	···				
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary		□Treasurer				
□Other	□ Other	□Other		□Other				
				2020				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address:	 <u></u> 				
□Director		□Director						
□President		□President						
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·	Ν				
☐ Secretary	□Treasurer	□Secretary		□Treasurer				
□Other	Other	Other	.	□Other				
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departme			irposes only. Non-indexed				
12								
- - ·	Signature of Director of	or Officer		· · · · · · · · · · · · · · · · · · ·				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 3.817.155, F.S.								
Thomas W.	Noble III	<u>.</u>						

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

April 8, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that **NOBLE SALES CO.**, **INC.** appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **October 1**, 1982.

I also certify that by Articles of Amendment filed here January 1, 2018, the name of said corporation was changed to NOBLE TECHNOLOGIES, INC.

I further certify that by Articles of Amendment filed here January 8, 2018, the name of said corporation was changed to NOBLE SALES CO., INC.

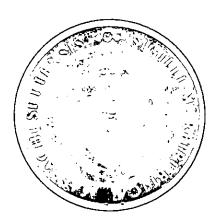
I also certify that by Articles of Amendment filed here May 24, 2019, the name of said corporation was changed to NOBLE.COM, INC.

I further certify that by Articles of Amendment filed here August 27, 2019, the name of said corporation was changed to NOBLE SALES CO., INC.

I also certify that so far as appears of record here, said corporation still has legal existence.

I further certify that in an Annual Report filed here for fiscal year 2018, the Officers and Directors of said corporation are listed as follows:





In testimony of which,
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin