CT CORPORATION SYSTEM

| CORPORATION(S) NAME | M01000 | 000105 | |
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| Atco Noise Management LLC | | | |
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| () Nonprofit | () 2 Information | | _ |
| (V) Foreign | () Dissolution/Withdrawal | () Mark | |
| | () Reinstatement | <u> </u> | anging. |
| () Limited Partnership | () Annual Report | () Other () Change of RA | Ti |
| WILC . | () Name Registration | () | O |
| Registration | () Fictitious Name | (),UCC Sc. 3 | M |
| () Certified Copy | () Photocopies | (V) CUS | |
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660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

101/1

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | ATCO Noise Management LLC | Tal | | | | | | |
|--|---|--|--------------|-----------------|--|--|--|--|
| | (Name of foreign limited liability company) | | | | | | | |
| 2. | Delaware 3. | LLC980180102 | | | | | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | | | | | | |
| 4. | December 18, 1997 (Date of Organization) 5. | Perpetual (Duration: Voca limited liability) | | | | | | |
| | (a are or organization) | (Duration: Year limited liability company will cease exist or "perpetual") | to | | | | | |
| 6. | | | | چ ند مین | | | | |
| | (Date first transacted business in Florida. (See se | ections 608.501, 608.502, and 817.155, F.S.) | | ŕ | | | | |
| 7. 1243 McKnight Boulevard N.E. | | | | | | | | |
| | Calgary, Alberta T2E 5T1 | | | | | | | |
| | (Street address of | principal office) | | | | | | |
| 8. | 8. If limited liability company is a manager-managed company, check here | | | | | | | |
| 9. | The usual business addresses of the managing member | ers or managers are as follows: | | | | | | |
| | John Barrett | | | | | | | |
| | 1243 McKnight Boulevard N.E. | <u>.</u> | | | | | | |
| | Calgary, Alberta T2E 5T1 | · | _ | | | | | |
| | - | | | • | | | | |
| | | | _ | | | | | |
| u.c. | Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is slation of the certificate under oath of the translator must be submitte | not acceptable. If the certificate is in a foreign language a | records | sin | | | | |
| 11. | Nature of business or purposes to be conducted or pr | | _ | | | | | |
| _ | wall panels and prefabricated buildings; and b) provide accostic | construction services. | 0 | | | | | |
| | Del Cause | AHA(A | | <u> </u> | | | | |
| Signature of a member or agrauthorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | | | | | | | |
| | Dale R. Cawsey | 7.5 27 | | times 1 | | | | |
| | Typed or printed na | me of signee | | | | | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | | | | | | | |
|---|-------------------------------------|--------------------------------|--|--|--|--|--|
| ATCO NOISE MANA | AGEMENT LLC | | | | | | |
| 2. The name and the | ne Florida street address of the re | gistered agent and office are: | | | | | |
| | | | | | | | |
| ст | Corporation System | | | | | | |
| | (Name |) | | | | | |
| c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) | | | | | | | |
| Plan | ation FI | , 33324 | | | | | |
| • | City/Sta | nte/Zip | | | | | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

CT Corporation System

(Signature) Kathleen Gariepy, Asst. Secy

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

FILED

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State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATCO NOISE MANAGEMENT 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 SIXTEENTH DAY OF JANUARY, A.D. 2001.

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

Harriet Smith Windstork

2835249 8300

AUTHENTICATION: 0916873

010024175

DATE: 01-16-01