Nalosoma686

	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)			
☐ SiCK+i\i	MAIL MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				
(1)2/00	XX)31946			

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Letter Number: 421A00004932

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2021

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: NOISE BARRIERS L.L.C.

Ref. Number: W21000031946

We have received your document for NOISE BARRIERS L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Yvette Scott Document Specialist II

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 694049 , 41881

AUTHORIZATION :

COST LIMIT : \$ 902.50

ORDER DATE: March 5, 2021

ORDER TIME : 11:52 AM

ORDER NO. : 694049-020

CUSTOMER NO: 4188E

FOREIGN FILINGS

NAME: NOISE BARRIERS L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

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. Noise Barriers L.L.C.			
	Limited Liability Company; must include "Limited Liability	y Company," "L.L.C.," or "LLC.")	
N/A			
	name adopted for the purpose of transacting business in Florida. The	alternate name must include "Limited Lis	ability Company," "L.L.C." or "LLC.")
Illinois 2.	3.	37-1477028	70 7
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)
06/21/2019			0
4	(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty	r)	— 10 p 111
			MIO E
50 H.P. Almgren Dr. 5. 6.		50 H.P. Almgren Dr.	<u> </u>
(Street Address of Principal Office)		(Mailing Address)	FIT
Agawam, MA 01001		Agawam, MA 01001	
		<u> </u>	
7. Name and street address Name:	SS of Florida registered agent: (P.O. Box NOT a	acceptable)	
Office Address:	1201 Hays Street		
	Tallahassee	32301	
	(City)	, Florida (Zip code)	
designated in this applica to comply with the provisi	tance: agistered agent and to accept service of process tion, I hereby accept the appointment as registe tions of all statutes relative to the proper and con s of my position as registered agent. Corporation Service Company By: France Relative (Registered agent's signature)	ered agent and agree to act i	n this capacity. I further agree
	(Kegisterea agent a signature)	•	

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:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name:
☐ Member	Address: 50 H.P. Almgren Dr.	□Member	Address: 50 H.P. Almgren Dr.
□Authorized	Agawam, MA 01001	□Authorized	Agawam, MA 01001
Person		Person	
Other	Other	□Other	Douber 22 HAR
□Manager	Name:	□Manager	Name: 60
□Member	Address:	□Member	Address: SO P D
□Authorized		□Authorized	E
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 filling 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

Moawya Shahed, President

Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting?

I, Jesse White, Secretary of State of the State of Illinois, dothereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NOISE BARRIERS L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 22, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH

day of MARCH A.D. 2021

Authentication #: 2106701952 verifiable until 03/08/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE