

385 0661 1999 585

Receipt Number: 2192244

File Number **FL005920**



* F L O O 5 9 2 0 *



CERTIFICATE_OF_AUTHORITY

For

EMCON IT LLC (NJ)

Filed at the request of:

**GINO RICCA TAX MANAGER
EMCON IT LLC
74 BRICK BLVD STE 102
BRICK NJ 8723**

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Monday, October 17, 2011**


Secretary of State

Fee Received: \$750.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Authority Limited Liability Company

ORGANIZATIONAL ID #: FL005920

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, hereby certify that duplicate of the Application for a Certificate of Authority of **EMCON IT LLC (NJ)** to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application for certificate of authority.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this October 17, 2011.



Jason M. Gant
Secretary of State

Secretary of State Office
500 E. Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy
FILING FEE: \$750 payable to SECRETARY OF STATE

RECEIVED
OCT 17 2011
S.D. SEC. OF STATE

Telephone # (732) 920-5400
FAX # (732) 920-2560

2011 06 07 09 55

Filed this 17th day of Oct., 2011
James J. Ford
SECRETARY OF STATE

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the organizational records in the state or country under whose law it is organized.

1. The name of the company is EMCON IT LLC

The name must include limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

2. The name of the state or country under whose laws it is organized is NEW JERSEY

3. The period of its duration PERPETUAL

4. The address of its principal office (this is the address of the executive offices of the corporation).

74 BRICK BLVD STE 102 BRICK NJ 08723
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

5. The South Dakota Registered Agent name INCORP SERVICES, INC.

400 NORTH MAIN AVENUE STE 206 SIOUX FALLS SD 57104
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent. CR000010

385 0664

6. Please check one:

- The company is member managed.
- The company is manager managed.

If this company is manager managed, please state the name and address of each manager.

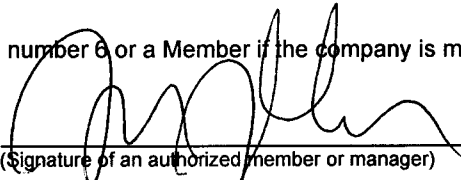
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

7. Whether one or more of the members of the company are to be liable for its debts and obligations under a provision similar to SDCL 47-34A-303 (c)

NO

The application must be signed by a Manager so stated in question number 6 or a Member if the company is member managed.

Dated OCTOBER 10, 2011



(Signature of an authorized member or manager)

MICHAEL GNAPP
(Printed Name)

MEMBER
(Title)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

EMCON IT LLC

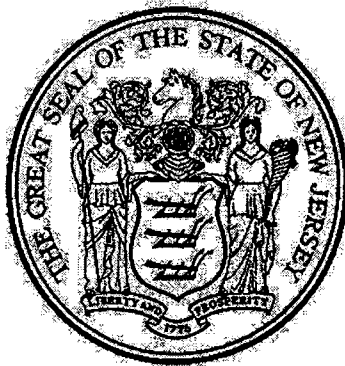
0400215628

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 5, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Louis Misiano
74 Brick Blvd, Ste 102
Brick, NJ 08723*



Certification# 121631831

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of September, 2011

Handwritten signature of Andrew P. Sidamon-Eristoff.

*Andrew P Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

385 0665

2012

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN LLC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE 10/2/2012

RECEIPT NO 66739

1. L.L.C. ID and Name:

FL005920
EMCON IT LLC
74 BRICK BLVD STE 102
BRICK, NJ 08723-7984

2. The jurisdiction under whose law it is formed NEW JERSEY

3. The address of the principal executive office (business address).

74 BRICK BLVD STE 102 BRICK NJ 08723-7984
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206 SIOUX FALLS SD 57104-5979
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 10/02/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

ELIZABETH COCUZZA

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 8/21/2013

RECEIPT NO 136224

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN LLC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. L.L.C. ID and Name:
FL005920
EMCON IT LLC
74 BRICK BLVD STE 102
BRICK, NJ 08723-7984

2. The jurisdiction under whose law it is formed NEW JERSEY

3. The address of the principal executive office (business address).

74 BRICK BLVD STE 102 BRICK NJ 08723-7984
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206 SIOUX FALLS SD 57104-5979
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 08/21/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

GINO RICCA

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN LLC

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 10/27/2014

RECEIPT NO 241917

1. L.L.C. ID and Name:

FL005920
EMCON IT LLC
74 BRICK BLVD STE 102
BRICK, NJ 08723-7984

2. The jurisdiction under whose law it is formed NEW JERSEY

3. The address of the principal executive office (business address).

74 BRICK BLVD STE 102	BRICK	NJ	08723-7984
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206	SIOUX FALLS	SD	57104-5979
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
--------------------------	---------	----------------	------	-------	-------

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
--------------------------	---------	----------------	------	-------	-------

<input type="checkbox"/>	Manager	Street Address	City	State	ZIP+4
--------------------------	---------	----------------	------	-------	-------

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 10/27/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

GINO A RICCA

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 10/19/2015

Enter Filing Year

FOREIGN LLC

RECEIPT NO 344454

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

Telephone #

1. L.L.C. ID and Name:

FL005920

EMCON IT LLC

2. The jurisdiction under whose law it is formed NEW JERSEY

3. The address of the principal executive office (business address).

74 BRICK BLVD STE 102 BRICK NJ 08723-7984

Actual Street Address or Rural Route Box Number City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206 SIOUX FALLS SD 57104-5979

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

Email Address (Optional)

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 10/19/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email

MICHAEL G GNAPP

(Optional)

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

2016

ANNUAL REPORT

FILE DATE 10/17/2016

Enter Filing Year

FOREIGN LLC

RECEIPT NO 464832

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. LLC ID and Name:

FL005920

Enter LLC ID

EMCON IT LLC

Enter LLC Name

2. The jurisdiction under whose law it is formed NEW JERSEY

3. The address of the principal executive office (business address).

74 BRICK BLVD STE 102 BRICK NJ 08723-7984

Actual Street Address or Rural Route Box Number City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206 SIOUX FALLS SD 57104

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)
GINO RICCA

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

10/17/2016 10:33:49 AM