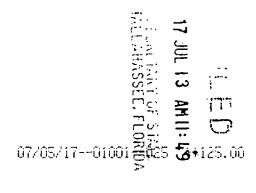
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(R	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

RECEIVED

JUL 1 4 2017 Y SULKER



July 7, 2017

BRYAN WEBER 725 N CENTRAL AVE WOOD DALE, IL 60191 US

SUBJECT: WASTEWATER ACQUISITION LLC

Ref. Number: W17000056249

We have received your document for WASTEWATER ACQUISITION LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Letter Number: 017A00013773

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Nosteuct	er Acquisition	LLC db	a IN	1-PIPE Technolog	14	
SUBJECT: Wastewater Acquisition LLC dba IN-PIPE Technology Name of Limited Liability Company							
The enclosed "Ap Existence, and ch	oplication by Foreck are submitt	reign Limited Liability Co ed to register the above re	ompany for Authoriz ferenced foreign lim	ation to Ti	ransact Business in Florida," ty company to transact busine	Certificate of ess in Florida.	
Please return all o	orrespondence	concerning this matter to	the following:				
	Br	yan Weber					
Name of Person							
IN-PIPE Technology Firm/Company							
Firm/Company							
725 N. Central Ave							
Address							
Wood Dale, II 60191 City/State and Zip Code							
		City	y/State and Zip Code				
E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Gin	ny Ble	of Contact Person	_at (635	50	9-2488		
	* Name o	f Contact Person	Area Code	Day	vtime Telephone Number		
Division	G ADDRESS: of Corporations ion Section			Division	<u>FADDRESS:</u> of Corporations ion Section		
P.O. Box	6327			Clifton B	luilding		
laliahass	we, FL 32314				ecutive Center Circle see, FL 32301		
Enclosed is a chec	k for the follow	ing amount: ☐ \$130.00 Filing Fee &					
A \$125.0	0 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy		

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

IN COMPILANCE WITH SECTION 605.0002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company, must include "Lamited Liability Company," "L.L.C.," or "L.L.C.," (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") der the law of which foreign limited hability company is organized) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. Megan L. Bretz/Assistant Secretary
(Regultered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (Use attachments if necessary) 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.

File Number

0625735-6



To all to whom these Presents Shall Come, Greeting:

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

WASTEWATER ACQUISITION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 07, 2017, 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 11TH day of JULY A.D. 2017.

Authentication #: 1719202090 verifiable until 07/11/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE