Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002926103)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for forture annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION BIOHITECH GLOBAL, INC.

OIGNOY 30 AM 9: 59 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: | Registration S Division of Co | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|
| SUBJ | ECT: BioHiTe | ech Global, Inc. | | | |
| | | Name of co. | rporation | - must include suffix | |
| Dear S | ir or Madam: | | | | |
| "Certif | icate of Existen | ation by Foreign Corpor ice," or "Certificate of G gn corporation to transa | ood Stan | ding" and check are su | act Business in Florida," bmitted to register the |
| Please | return all corre | spondence concerning th | is matter | to the following: | |
| Pauline | Romco | | | | |
| | |) | Vanue of I | Person | |
| BioHiT | ech Global, Inc. | | | | |
| | | ŀ | irm/Com | pany | |
| 80 Red | Schoolbouse Rd | Stc 101 | | | |
| | | | Addre | SS | |
| Chestni | it Ridge, NY - 10 |)977 | | | |
| | | City | /State ar | nd Zip code | |
| promeo | @blohitech.com | | | | 4.00 |
| | | H-mail address: (to | be used f | or future annual report | notification) |
| For furt | ther information | a concerning this matter, | please e | all: | |
| Pauline | Romeo | nco at (| | | |
| | Name of Perso | A nc | rea Code | Daytime Telep | hone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclose | d is a check for | the following amount: | | | |
| □ \$7 0. | 00 Filing Fee | S \$78.75 Filing Fee Certificate of Stat | | \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 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.

| Enter name of "Inc.," "Co.," "C | corporation; must include "INCORPORATED," " Corp." "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|--|
| | | | | |
| (If name provai | lable in Plorida, enter alternate corporate roung ad | onted for the number of transporting business in Florida | | |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of Delaware 46-2336496 | | • | | |
| (State or count | 3 | (FEI number, if applicable) | | |
| 03/20/2013 | · . | , , , | | |
| (Date of incorporation) 5. | | (Date of duration, if other than perpetual) | | |
| | | | | |
| | | | | |
| For 474 and 488 Magazan | (Date first transacted husiness in F | lorida, if prior to registration) | | |
| 5 to 5 to 4 to 2 to 100 to | (SEE SECTIONS 607.1501 & 607.1503 | 2, F.S., to determine penalty liability) | | |
| 80 Red Schoolho | (SEE SECTIONS 607.1501 & 607.1501 buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 | 2, F.S., to determine penalty liability) | | |
| F or two of the _ one les | (SEE SECTIONS 607.1501 & 607.1501 buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 | 2, F.S., to determine penalty liability) | | |
| F or two of the _ one les | (SEE SECTIONS 607.1501 & 607.1501 buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 (Principal | 2, F.S., to determine penalty liability) | | |
| have the amount of the or to any other the second | (SEE SECTIONS 607.1501 & 607.1501 buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 (Principal | 2, F.S., to determine penalty liability) 2 office address) | | |
| 80 Red Schoolho | (SEE SECTIONS 607.1501 & 607.1501 buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 (Principal | 2, F.S., to determine penalty liability) 22 office address) address, if different) | | |
| 80 Red Schoolho | (SEE SECTIONS 607.1301 & 607.150) buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 (Principal (Current mailing) | 2, F.S., to determine penalty liability) 22 office address) address, if different) | | |
| Name and stre | (SEE SECTIONS 607.1501 & 607.150) ouse Rd Ste 101, Chestnut Ridge, NY - 10977-705 (Principal (Current mailing) et address of Florida registered agent: (P.O. | 2, F.S., to determine penalty liability) 22 office address) address, if different) Box NOT acceptable) | | |
| 80 Red Schoolho | (SEE SECTIONS 607.1501 & 607.1502 buse Rd Ste 101, Chestnut Ridge, NY - 10977-705 (Principal (Current mailing) et address of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Road | 2, F.S., to determine penalty liability) 22 office address) address, if different) | | |

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.

CT Corporation System

By: (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.

| 11. Names and business addresses of officers and/or directors: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. DIRECTORS |
| Chuirman: Frank E. Celli |
| Address: 80 Red Schoolhouse Road Suite/101 |
| Chestnut Ridge, NY 10977 |
| Vice Chairman: |
| Address: |
| |
| Director: Frank E. Celli |
| Address: 80 Red Schoolhouse Read Suite 10f |
| Chestnut Ridge, NY 10977 |
| Director: James D. Chambers |
| Address: 80 Red Schoolhouse Road Suite 101 |
| Chestnut Ridge, NY 10977 |
| B. OFFICERS |
| Président: Robert A. Joyce |
| Address: 80 Red Schoolhouse Road Suite 101' |
| Chestnut Ridge, NY 10977 |
| Vice President: |
| Address: |
| 5 % |
| Robert A. Joyce Secretary: |
| Address: 80 Red Schoolhouse Road Suite 101 Chestmit Ridge, NY 10977 |
| Brian C. Essman Treasurer: |
| Address: 80 Red Schoolhouse Road Suite 104 Giestina Ridge, NY 10977 |
| NOTE: If necessary you may attach on addendum to the application listing additional officers and/or directors. |
| 12 Dud I |
| Signature of Director or Officer. The officer of 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 follows as provided for in s.817.155, F.S. |
| 13. Brian C. Essman CFO/Treasurer (Typed or printed name and capacity of person signing application) |

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIOHITECH GLOBAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

5306440 8300 SR# 20166824364

You may verify this certificate online at corp.delaware.gov/authver.shtml

JAPTICE W. SHARRING AN STATE

Authentication: 203412852

Date: 11-29-16