#### W0500000 1000 **CT** CORPORATION

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Fax 850 222 7615

## 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:

m 1 1 1 is Common of Plantide IIC			
1. Recovery Technologies Group of Florida, LLC (Name of foreign limited liability company)	!		
2. Delware (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)	SECRETAT	02 APR 2	<u> </u>
4. April 24, 2002 (Date of Organization)  5. Perpetual (Duration: Year limited liability company exist or "perpetual")	will organize t	91,211 3:	FILED
6. Upon Approval (Date first transacted business in Florida (See sections 608.501, 608.502, and 817.155, F.S.)		57	
7. 7000 Boulevard East	<del></del>		
Guttenberg, New Jersey 07093			
(Street address of principal office)			
8. If limited liability company is a manager-managed company, check here			
9. The usual business addresses of the managing members or managers are as follows:			
7000 Boulevard East	<u> </u>		
Guttenberg, New Jersey 07093		<del></del>	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a forcing translation of the certificate under eath of the translator must be submitted.)			ds in
11. Nature of business or purposes to be conducted or promoted in Florida:OPERATION_(	)F- A		
SCRAP TIRE RECYCLING AND PROCESSING FACILITY	-	<b>.</b>	
Signature of a member or an authorized 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.)	·		
Martin J. Sergi			
Typed or printed name of signee			

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA 317 UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STA TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STA	YTEMEN	, IIII VT	•
FLORIDA.	SECR	02 AF	
1. The name of the Limited Liability Company is:	3SSVH AUVL3	02 APR 29	FILE
Recovery Technologies Group of Flordia, Inc.	<u>(LO</u>	70	ED.
2. The name and the Florida street address of the registered agent and office are:	FLORIDA FLORIDA	3: 57	
C T Corporation System			
(Name)			-
c/o C T Corporation System, 1200 South Pine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)			•
Plantation FL 33324	_		-
City/State/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.

C T Corporation System

Jeffrey R. Graves Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "RECOVERY TECHNOLOGIES GROUP OF FLORIDA, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2002, AT 11:30 O'CLOCK A.M.

MPR 29 PM 3:5

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 1738952

DATE: 04-24-02

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