

F14000004486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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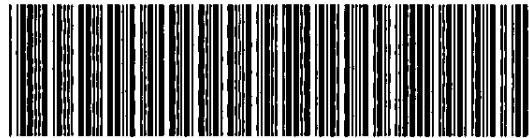
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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September 29, 2014

Florida Department of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: TriSep Corporation

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence (Good Standing)", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kevin Edberg
TriSep Corporation
95 S. La Patera Ln.
Goleta, CA 93117
kedberg@trisep.com

For further information concerning this matter, please call:

Kevin Edberg
PH (805) 964-8003 X108
Cell (805) 680-3009

Enclosed is a check for the following amount:

\$87.50 for Filing Fee, Certificate of Status and Certified Copy

Regards,

Kevin Edberg, CFO/Treasurer

**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.

1. **TriSep Corporation**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **California**

(State or country under the law of which it is incorporated)

3. **77-0216439**

(FEI number, if applicable)

4. **April 27, 1989**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Contract Award Pending**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **93 S. La Patera Ln., Goleta, CA 93117**

(Principal office address)

95 S. La Patera Ln., Goleta, CA 93117

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **InCorp Services, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee, Florida 33470

(City)

(Zip code)

9. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Natalie Bates on behalf of Incorp Services, Inc
(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

Chairman: James L. Bartlett

Address: 6338 Lindmar Dr., Goleta, CA 93117

Vice Chairman: _____

Address: _____

Director: Peter Knappe

Address: 95 S. La Patera Ln., Goleta, CA 93117

Director: Steven Bartlett

Address: PO Box 1729 Buellton, CA 93427

B. OFFICERS

President: Peter Knappe

Address: 95 S. La Patera Ln., Goleta, CA 93117

Vice President: _____

Address: _____

Secretary: Joseph Abkin

Address: 222 East Carrillo St., Suite 400, Santa Barbara, CA 93101

Treasurer: Kevin Edberg

Address: 95 S. La Patera Ln., Goleta, CA 93117

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 felony as provided for in s.817.155, F.S.

13. Kevin Edberg, CFO/Treasurer

(Typed or printed name and capacity of person signing application)

14 OCT 20 PM 12:03
MAIL ASSISTANT
FBI/DOJ

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TRISEP CORPORATION

FILE NUMBER: C1560591
FORMATION DATE: 04/27/1989
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 13, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State