

F19000004093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W19000677707

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SCOTT

SEP 07 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2019

JAMES F. TOPLIFF  
818 W. RIVERSIDE AVENUE  
SUITE:250  
SPOKANE, WA 99201

SUBJECT: CONCEPT CONTROLS, INC.  
Ref. Number: W19000077707

We have received your document for CONCEPT CONTROLS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ You must list the names and street addresses of the officers and directors of the corporation on the form/application.
- ✓ The name and title of the person signing the document must be noted beneath or opposite the signature.
- ✓ Please return your document, along with 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.

Yvette Scott  
Document Specialist II

Letter Number: 419A00017318

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONCEPT CONTROLS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of 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:

JAMES F. TOPPLIFF

Name of Person	
EVANS, CRAVEN & LACKIE, P.S.	
Firm/Company	
818 W. RIVERSIDE AVENUE, SUITE 250	
Address	
SPOKANE, WA 99201	
City/State and Zip code	
jtopliff@ecl-law.com and stracht@ecl-law.com	
E-mail address (to be used for future annual report notification)	

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For further information concerning this matter, please call:

James F. Toppliff or Stacy Tracht	509	321-5475
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$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.*

CONCEPT CONTROLS, INC.

1. \_\_\_\_\_  
(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. WASHINGTON 3. UBI # 602122920  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 13, 2001 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. May 1, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 818 W RIVERSIDE AVENUE, SUITE 250, SPOKANE, WA 99201  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: FLORIDA REGISTERED AGENT, LLC

Office Address: 7901 4TH ST. N, SUITE 300  
ST. PETERSBURG, FL 33702  
(City) , Florida (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.*

  
\_\_\_\_\_  
(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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MICHAEL STEPHENS ✓

Address: Concept Controls, Inc.  
Bay #1, 2315-30<sup>th</sup> Avenue NE, Calgary, Alberta T2E7C7

Vice Chairman: ROBERT CHITTICK ✓

Address: Concept Controls, Inc.  
Bay #1, 2315-30<sup>th</sup> Avenue NE, Calgary, Alberta T2E7C7

Director:

Address:

Director:

Address:

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**B. OFFICERS**

President: MICHAEL STEPHENS ✓

Address: Concept Controls, Inc.  
Bay #1, 2315-30<sup>th</sup> Avenue NE, Calgary, Alberta T2E7C7  
vacant

Vice President:

Address:

Secretary: ROBERT CHITTICK ✓

Address: Concept Controls, Inc. Bay #1, 2315-30<sup>th</sup> Ave NE, Calgary, Alberta T2E7C7

Treasurer: ROBERT CHITTICK ✓

Address: Concept Controls, Inc. Bay #1, 2315-30<sup>th</sup> Ave NE, Calgary, Alberta T2E7C7

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

12. R. I. Chittick, Director  
Signature of Director or Officer

The officer or 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 felony as provided for in s.817.155, F.S.

13. DIRECTOR R. I. Chittick  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CONCEPT CONTROLS, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/13/2001.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/17/2019  
UBI Number: 602 122 920



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Kim Wyman*

Kim Wyman, Secretary of State

Date Issued: 07 17 2019