

114000003745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN - 2 2014

A. LUNT

W14-22323

Office Use Only



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04/03/14--01014--012 **125.00

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TALLAHASSEE, FL 32304

2014 MAY 30 PM 3:03

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2014

CHAD COLLINS
P.O. BOX 56523
LITTLE ROCK, AR 72215-6523

SUBJECT: CONCEPT PRODUCTS, LLC
Ref. Number: W14000022323

We have received your document for CONCEPT PRODUCTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 214A00007501



Concept Products, LLC
P.O. Box 56523
Little Rock, Arkansas 72215-6523
Ph: (501) 247-6125 Fax: 866-431-7755
www.conceptproducts.net

April 25, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Concept Products, Inc, Ref# W14000022323

We received your letter requesting changes to our application.

We are also enclosing a Certification of Good Standing for our company from the Arkansas Secretary of State.

You can verify this certificate by visiting the AR SOS website at https://www.ark.org/sos/good_standing/status_search.php?s=1 and entering in the Online Certificate Authorization Code found at the bottom of the letter.

If you need any other information, please contact me.

Sincerely,

Chad Collins
Operating Partner
info@conceptproducts.net

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Concept Products, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Chad Collins

Name of Person

Concept Products

Firm/Company

P.O. Box 56523

Address

Little Rock, AR 72215-6523

City/State and Zip Code

info@conceptproducts.net

E-mail address: (to be used for future annual report notification)

FILED
2014 MAY 30 PM 3:03
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Chad Collins

Name of Contact Person

at (**501**) **247-6125**

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Concept Products, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ConProd, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Arkansas**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **20-5495774**

(FEI number, if applicable)

4. **8/1/2013**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **13514 Christopher Dr.**

Little Rock, AR 72212

(Street Address of Principal Office)

6. **P.O. Box 56523**

Little Rock, AR 72215-6523

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Chad Collins, Authorized Member

John Goldman, Authorized Member

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Chad Collins

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Concept Products, LLC

If unavailable, the alternate to be used in the state of Florida is:

ConProd, LLC

2. The name and the Florida street address of the registered agent and office are:

John Goldman

(Name)

14270 Royal Harbour Ct #619

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Ft. Myers

FL

33908

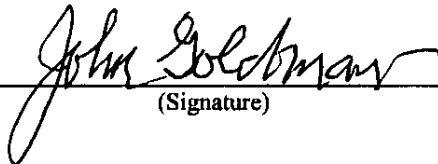
City/State/Zip

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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 605, Florida Statutes.



(Signature)

✓ \$ 100.00	Filing Fee for Application
✓ \$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



**Arkansas Secretary of State
Mark Martin**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CONCEPT PRODUCTS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 6, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 27th day of April 2014.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: 3765ecd8d1b16c4

To verify the Authorization Code, visit sos.arkansas.gov