F12000004002

(Re	equestor's Name)	<u>. </u>	
(Ac	ddress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
	WAIT	MAIL	
(Bu	ısiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



500238806315

09/13/12--01020--004 **78.75

12 SEP 27 PM 12: 16

9/A \$\wiR-47/40

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Antique Reloading Tool Collector's Association Vame of Corporation - musunclude suffix Tuc.
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Bruce R. Dow Name of Person
Dow Arms Room Firm/Company
6048 Fairway Drive
Riolge Manor FL 33523 Address
·
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bruce Dow at (352) 567 9800 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee \$\$\sum \text{Certified Copy}\$\$87.50 Filing Fee, \$\$\text{Certified Copy}\$\$\$Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2012

BRUCE R. DOW 6048 FAIRWAY DR RIDGE MANOR, FL 32523

SUBJECT: ANTIQUE RELOADING TOOL COLLECTOR'S ASSOCIATION, INC.

Ref. Number: W12000047640

We have received your document for ANTIQUE RELOADING TOOL COLLECTOR'S ASSOCIATION, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

.. . :

Letter Number: 812A00023255

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Washington (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. / November 2002 5. percetual (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. John Kleine (Principal office address)
33 Alpha Drive Longview, WA 98632
8. History Research + Education on Reloading Tooks (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Bruce Dow, Treasurer, ARTCA
Office Address: 6048 Fairway Drive
Ridge Man or, Florida 33523 (Zip Code)
10. Registered agent's acceptance:

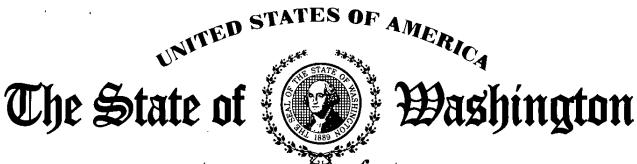
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman:	10m Johnson	
Address:	5085 Bullseye Court	
,,,,	clinton, MT 59825	
Vice Chairman:	Phil Wahl	
Address:	P.O. Box 3201	
	Wenatchee WA 98807	
Director:	Rick Bowman	
Address:	3703 Parkway Place	
· 	Yakima, WA 98902	
	Broce Dow	
Address:	6048 Fair way Drive, Ridge Munor	FL
		33523
B. OFFICERS	ST ST	,
President:	Tom Johnson	ı
Address:	5085 Bollseye Court	•
	Clinton MT 59825	a ·
Vice President:	Phil Wahl 5	
Address:	P.O. Box 3201	
	Wenatchee WA 98807	
	Rick Bowman	
Address:	3703 Parkway Place, Takimal	1A 9890 c
Treasurer:	Fa Broce Dow	
Address:	6048 Fairway Drive, Ridge truco, Fo	L33623
NOTE: If necessary	y, you may attach an addendum to the application listing additional officers and/or directors.	
	re of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14.	(Typed or printed name and capacity of person signing application)	



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ANTIQUE RELOADING TOOL COLLECTOR'S ASSOCIATION

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 11/1/2002.

I FURTHER CERTIFY that as of the date of this certificate, ANTIQUE RELOADING TOOL COLLECTOR'S ASSOCIATION remains active and has complied with the filing requirements of this office.

Date: September 5, 2012

UBI: 602-246-707

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

Sam Reed, Secretary of State

