

M23000011027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

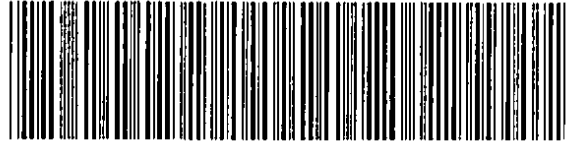
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-96454

Office Use Only



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06/28/23--01020--012 **125.00

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2023

DOMINICK F. GALLO C/O MICHAEL WHITEHEAD (AGENT)
P.O. BOX 2310
HAWTHORNE, FL 32640 US

SUBJECT: BOWMAN ARMAMENTS GROUP, LLC
Ref. Number: W23000096454

We have received your document for BOWMAN ARMAMENTS GROUP, 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):

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) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 223A00015639

RECEIVED
AUG 21 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOWMAN ARMAMENTS GROUP 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:

DOMINICK F. GALLO C/O MICHAEL WHITEHEAD (AGENT)

Name of Person

J & S ACCOUNTING AND TAX

Firm/Company

P.O. BOX 2310

Address

Hawthorne, FL 32640

City/State and Zip Code

michael@instax.com

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

For further information concerning this matter, please call:

DOMINICK F. GALLO

Name of Contact Person

at (302)

Area Code

740-1000

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 TRANSACT BUSINESS
IN FLORIDA

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

1. BOWMAN ARMAMENTS GROUP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

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

2. STATE OF PENNSYLVANIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

4. 01/04/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 407 NOTTINGHAM AVENUE
(Street Address of Principal Office)

6. PO BOX 2310
6315 SE US Highway 301
(Mailing Address)

OXFORD, PA 19363

Hawthorne, FL 32640

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

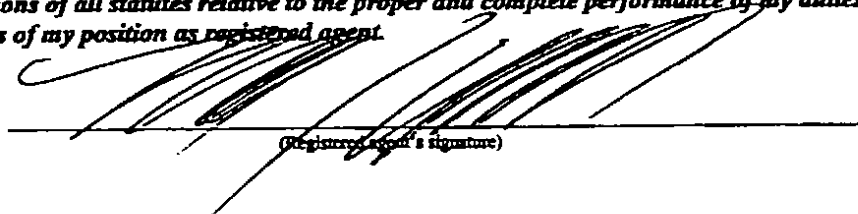
Name: J+S ACCOUNTING AND TAX
MICHAEL WHITEHEAD

Office Address: 6315 SE US Highway 301

Hawthorne, Florida 32640
(City) (Zip code)

Registered agent's acceptance:

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 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)

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TALLAHASSEE, FL

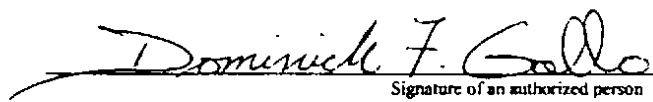
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Dominick F. Gallo</u>	<input type="checkbox"/> Manager	Name: <u>Andrew X. Gallo</u>
<input checked="" type="checkbox"/> Member	Address: <u>407 Nottingham Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>407 Nottingham Avenue</u>
<input type="checkbox"/> Authorized	<u>Oxford, PA 19363</u>	<input type="checkbox"/> Authorized	<u>Oxford, PA 19363</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ginger H. Gallo</u>	<input type="checkbox"/> Manager	Name: <u>Michael Whitehead</u>
<input type="checkbox"/> Member	Address: <u>407 Nottingham Avenue</u>	<input type="checkbox"/> Member	Address: <u>P.O. BOX 2310</u>
<input checked="" type="checkbox"/> Authorized	<u>Oxford, PA 19363</u>	<input checked="" type="checkbox"/> Authorized	<u>Hawthorne, FL 32640</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

DOMINICK F. GALLO

Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Bowman Armaments Group, LLC
Request Type: Subsistence Certificate **Issuance Date:** August 11, 2023
Request No.: 020326217 **File No.:** 0003553962
Receipt No.: 000643358
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: October 31, 2022
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Bowman Armaments Group, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov