

P11000038470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

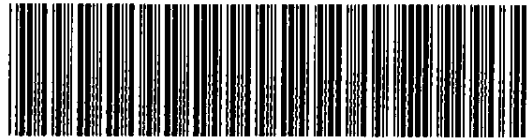
(Business Entity Name)

(Document Number)

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

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W1-20563

FILED  
2011 APR 20 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2011

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

BOSTROM GUNSMITHING, Inc

SUBJECT: ~~Accuracy and Recoil Management, Inc.~~  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

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

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: Eric Bostrom  
Name (Printed or typed)

10305 289th St. E.  
Address

Myakka City, FL 34251  
City, State & Zip

941-322-2487  
Daytime Telephone number

ducklady@bostromfamily.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 APR 20 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 12, 2011

ERIC BOSTROM  
10305 289TH ST E  
MYAKKA CITY, FL 34251

SUBJECT: ACCURACY AND RECOIL MANAGEMENT, INC.  
Ref. Number: W11000020563

We have received your document for ACCURACY AND RECOIL MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00008838

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**BOSTROM GUNSMITHING, INC**  
~~Accuracy and Recoil Management, Inc.~~

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10305 289th St. E  
Myakka City, FL 34251

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Gunsmithing

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eric Bostrom President  
Address: 10305 289th St. E  
Myakka City, FL 34251

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Deborah Bostrom  
Address: 10305 289th St. E  
Myakka City, FL 34251

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eric Bostrom  
Address: 10305 289th St E  
Myakka City, FL 34251

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Deborah Bostrom

Required Signature/Registered Agent

4-07-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Eric Bostrom

Required Signature/Incorporator

4-07-11

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA