

BO7000000196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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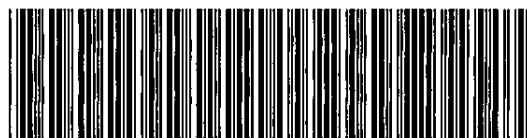
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jade Crest, L.P.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

JACK J. BACHMANN
(Contact Person)

Jade Crest, L.P.
(Firm/Company)

Suite 207, 4776 Radio Road
(Address)

NAPLES, FL 34104
(City, State and Zip Code)

For further information concerning this matter, please call:

JACK BACHMANN at (239) 417-4371
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)
☐ \$1,008.75 Filing Fees
and Certificate of
Status
☐ \$1,052.50 Filing Fees
and Certified Copy
☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET 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

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Jade Crest, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Nevada 3. 9-26-1996
(State or Country of Formation) (Date of Formation)

4. JACK J. BACHMANN
(Name of Registered Agent for Service of Process)

5. Suite 207, 4776 Radio Road
(Florida street address for Registered Agent)
Naples, FL 34104

6. 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.

Jack J. Bachmann
Signature of Registered Agent

7. Suite 207, 4776 Radio Road
(Principal office address)
Naples, FL 34104

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. Suite 207, 4776 Radio Road
(Mailing address)
Naples, FL 34104

10. Name, principal office address, and mailing address of each general partner:

CAMINO ASSOCIATES, INC. Ste 207, 4776 Radio Road
(Name) (Street Address)

F97000000 799
Doc. # - Florida

Naples, FL 34104

Ste. 207, 4776 Radio Road
(Mailing Address)
Naples, FL 34104

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18th day of JUNE, 20 07

Signature of a general partner: -

*Camino Associates, Inc. - G.P.
Jack J. Bachmann - Pres.*

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JADE CREST LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 26, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 23, 2007.



ROSS MILLER
Secretary of State

By

Certification Clerk

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