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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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A. LUNT

MAY - 7 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY - 6 PM 4:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kipling Capital, 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

Camino Associates, Inc.

Firm/Company

1942 Kingfish Road

Address

Naples, FL 34102

City, State and Zip Code

JBACH79949@AOL.com

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

For further information concerning this matter, please call:

Jack Bachmann at (239) 253-6360

Name of Contact Person

Area Code and Daytime Telephone Number

5-3-10

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

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

1. Kipling Capital, Limited Partnership

(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. Ste 207, 4776 Radio Road
Florida street address for Registered Agent

Naples, FL 34102

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. Ste. 207, 4776 Radio Road
Principal office address

Naples, FL 34102

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

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TALLAHASSEE, FL 32310

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9. Ste. 207, 4776 Radio Road
(Mailing address)
Naples, FL 34102

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

<u>CAMINO ASSOCIATES, INC.</u>	<u>5300 W. Shara</u>
Name	Street Address
<u>F97000000 799</u>	<u>Las Vegas, NV 89102</u>
	<u>1942 Kingfish Road</u>
	Mailing Address
	<u>Naples, FL 34102</u>

_____ Name	_____ Street Address
_____ Name	_____ Mailing Address
_____ Name	_____ Street Address
	_____ Mailing Address
_____ Name	_____ Street Address
	_____ Mailing Address

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TALLAHASSEE, FLORIDA

_____ Name	_____ Street Address
_____ Name	_____ Street Address
	_____ Mailing 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.)

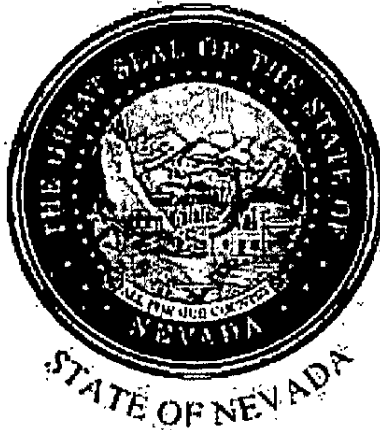
12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 3rd day of May, 20 10

Signature of a general partner:
Comino Associates, Inc.
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

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, **KIPLING CAPITAL 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 3, 2010.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20100503-1612
You may verify this electronic certificate
online at <http://www.nvsos.gov/>