

B17 0000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

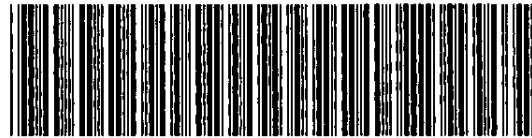
(Document Number)

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

Special Instructions to Filing Officer:

W17-9848  
RA.  
cert.

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 09 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2017

DARRELL HEALD  
P.O. BOX 2283  
ROUND ROCK, TX 78680

SUBJECT: CAMINOVERDE II, LP  
Ref. Number: W17000009848

We have received your document for CAMINOVERDE II, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 217A00002190

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caminoverde II, LP dba Shur-Tite Products

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:

Darrell Heald

Contact Person

Shur-Tite Products

Firm/Company

P.O. Box 2283

Address

Round Rock, TX 78680

City, State and Zip Code

darrell@shur-tite.com

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

For further information concerning this matter, please call:

Darrell Heald

at (

512

218-9500

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

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

1. Caminoverde II, LP

(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.

Shur-Tite Products

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. Texas

State or Country of Formation

3. 2002

Date of Formation

4. Federal Employer Identification Number: 20-2463769

5. Name of Registered Agent for Service of Process and Florida Street Address:

Northwest Registered Agent, LLC

3030 N. Rocky Point Dr., Ste. 150A

Tampa, FL 33607

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.

  
Signature of Registered Agent

7. Principal Office:

105 Tradesmens Park Drive

Hutto, TX 78684

8. Mailing Address:

P.O. Box 2283

Round Rock, TX 78680

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JUL 17 2009  
CLERK OF STATE  
TAMPA, FLORIDA

9. If limited partnership is a limited liability limited partnership, check box.

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

Name of General Partner: Darrell Heald

Street Address: 105 Tradesmens Park Dr.  
Hutto, TX 78634

Mailing Address: \_\_\_\_\_

Name of General Partner: Curtis Crenwelge

Street Address: P.O. Box 602

Salado, TX 76571

Mailing Address: (same as above)

Name of General Partner: Ryan Cole

Street Address: 10529 Roy Butler Dr.  
Austin, TX 78717

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

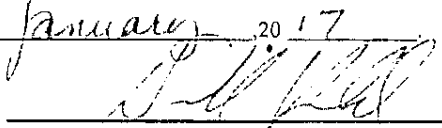
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

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 26th day of January, 2017  
  
 \_\_\_\_\_  
 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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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 JAN 27 9 24:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for Caminoverde II, L.P. (file number 800447094), a Domestic Limited Partnership (LP), was filed in this office on January 31, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 07, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State