

A220000000238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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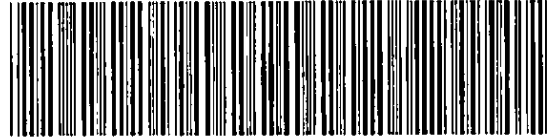
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MERGER

1. **WRENCO LIMITED PARTNERSHIP**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WRENCO LIMITED PARTNERSHIP
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert T. Carroll

Contact Person

Wilson & Johnson, P.A.

Firm/Company

2425 Tamiami Trail N., Ste. 211

Address

Naples, Florida 34103

City, State and Zip Code

rtcarroll@naplesstatelaw.com

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

For further information concerning this matter, please call:

Robert T. Carroll

(Name of Contact Person)

at (239) 436-1500

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

Mailing Address:

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

Street Address:

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

**Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
WRENCO LIMITED PARTNERSHIP	MINNESOTA	Limited Partnership
WRENCO LIMITED PARTNERSHIP	FLORIDA	Limited Partnership

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
WRENCO LIMITED PARTNERSHIP	FLORIDA	Limited Partnership

THIRD: The date the merger is effective under the governing laws of the surviving party is: upon filing.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address:

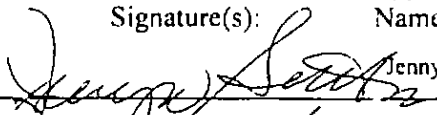
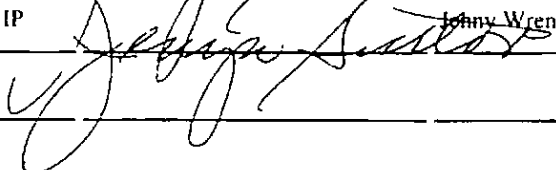
Mailing address:

SIXTH: Other provisions, if any, relating to the merger:

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SECRET

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
WRENCO LIMITED PARTNERSHIP		Jenny Wren Sutton
WRENCO LIMITED PARTNERSHIP		Jenny Wren Sutton

Fees: Filing Fees: \$52.50 Per Party
Certified Copy: \$52.50 (Optional)
Certificate of Status: \$8.75 (Optional)

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