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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

DEC 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WENSEL FAMILY LIMITED PARTNERSHIP
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:

STEVE WENSEL

Contact Person

THE WENSEL FAMILY LIMITED PARTNERSHIP
Firm/Company

Address

7886 JOPLIN ROAD Nampa, IDAHO 83687
City, State and Zip Code

WENSEL55@MSN.COM

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

For further information concerning this matter, please call:

STEVE WENSEL

Name of Contact Person

at (208) 249-1179

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. THE WENSEL FAMILY 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. IDAHO

State or Country of Formation

3. 12-17-07

Date of Formation

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

STEVE WENSEL
6518 MIDNIGHT PASS ROAD- UNIT 206
SARASOTA, FLORIDA 34242

5. 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.

Steve Wensel
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

8. Mailing Address:

6518 MIDNIGHT PASS ROAD- Unit 206
SARASOTA, FLORIDA 34242

7886 JOPLIN ROAD
NAMPA, IDAHO 83687

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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: STEVE WENSEL

Name of General Partner: ANGIE WENSEL

Street Address: 7886 JOPLIN ROAD
NAMPA, IDAHO 83687

Street Address: 7886 JOPLIN ROAD
NAMPA, IDAHO 83687

Mailing Address: ↑ SAME ↑

Mailing Address: ↑ SAME ↑

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

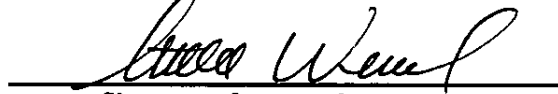
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 12-15-11

(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 9TH day of DECEMBER, 20 11


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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Idaho

Office of the Secretary of State

CERTIFICATE OF FILING
OF
THE WENSEL FAMILY LIMITED PARTNERSHIP

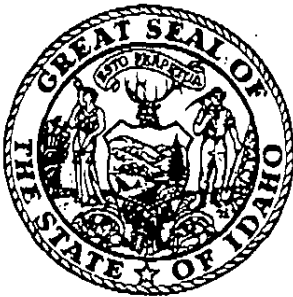
File Number L 6003

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited partnership records of this State.

I FURTHER CERTIFY That the record of this office show that the above named Idaho limited partnership filed a certificate of limited partnership in this office on December 17, 2007.

I FURTHER CERTIFY That the status of the limited partnership is current and that the certificate of limited partnership has not been canceled.

Dated: December 9, 2011



Ben Yursa
SECRETARY OF STATE

By

Jody Loring

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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