B20000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

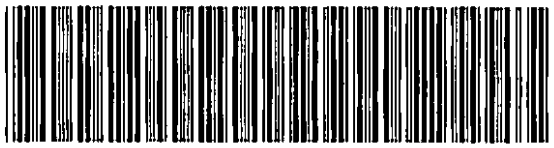
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT - 5 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wildflower Investment Partners LP
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:

James L. Patton
Contact Person

Firm/Company

113 Nottingham Drive East
Address

St. Johns, FL 32259
City, State and Zip Code

jlp36@optonline.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James L. Patton at (734) 474-5041
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $1,000.00 Filing Fee ($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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

1. Wildflower Investment Partners 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.

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. Kansas
State or Country of Formation

3. March 26,2013
Date of Formation

4. **Federal Employer Identification Number:** 72-1140226

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

James L. Patton

113 Nottingham Drive East

St. Johns, FL 32259-7904

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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:**

113 Nottingham Drive East

St. Johns , FL 32259

8. **Mailing Address:**

113 Nottingham Drive East

St. Johns, FL 32259

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: James L. Patton

Street Address: 113 Nottingham Drive East
St. Johns, FL 32259

Mailing Address: 113 Nottingham Drive East
St. Johns, FL 32259

Name of General Partner: Carol J. Patton

Street Address: 113 Nottingham Drive East
St. Johns, FL 32259

Mailing Address: 113 Nottingham Drive East
32259

Name of General Partner: Susana R. Patton

Street Address: 1501 Cullaig Ct.
St. Johns, FL 32259

Mailing Address: 1501 Cullaig Ct.
St. Johns, FL 32259

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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 17th day of August, 20 20

Signature of a general partner

The individual signing this document affirms 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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STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6856389

Entity Name: WILDFLOWER INVESTMENT PARTNERS LP

Entity Type: DOMESTIC LIMITED PARTNERSHIP

State of Organization: KS

was filed in this office on March 26, 2013, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 14, 2020

Scott Schwab

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1145166 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.