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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

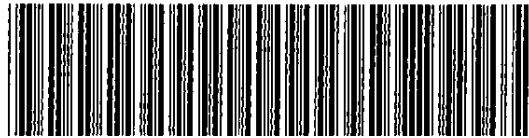
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 19 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Swan Parent Company, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Arlysse Pena-Furlow

(Contact Person)

Gordon, Feinblatt, et. al

(Firm/Company)

233 East Redwood Street

(Address)

Baltimore, Maryland 21202

(City, State and Zip Code)

For further information concerning this matter, please call:

Arlysse Pena-Furlow at ( 410 ) 576-5651

(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 Fees, 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

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Swan Parent Company, 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.*

2. 233 Waterways Avenue

(Street address of initial designated office)

Boca Grande, Florida 33921-0492

3. Hobart K. Swan

(Name of Registered Agent for Service of Process)

4. 233 Waterways Avenue

(Florida street address for Registered Agent)

Boca Grande, Florida 33921-0492

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.*



Signature of Registered Agent

6. 233 Waterways Avenue

(Mailing address of initial designated office)

Boca Grande, Florida 33921-0492

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:

Business Address:

Hobart K. Swan

233 Waterways Avenue

Boca Grande, Fl. 33921-0492

Janis F. Swan

233 Waterways Avenue

Boca Grande, Fl. 33921-0492

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08 MAY 16 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 9<sup>TH</sup> day of May, 2008.

Signature of each general partner:

Hobart K. Swan  
Janis F. Swan

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**