

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H090002605393ABC1

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To: Division of Corporations
Fax Number : (850) 617-6383

file 2nd

From: Account Name : BROAD AND CASSEL (ORLANDO)
Account Number : I19980000090
Phone : (407) 839-4200
Fax Number : (407) 839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LP/LLLP

Tidelands Resort Memberships Group Partners, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

D. BRUCE

DEC 21 2009

EXAMINER

CERTIFICATE OF LIMITED PARTNERSHIP**OF****TIDELANDS RESORT MEMBERSHIPS GROUP PARTNERS, LTD.**

Pursuant to the authority of Section 620.1201, Florida Statutes, the undersigned, constituting the sole general partner of TIDELANDS RESORT MEMBERSHIPS GROUP PARTNERS, LTD. (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

1. The name of the Partnership shall be TIDELANDS RESORT MEMBERSHIPS GROUP PARTNERS, LTD. (the "Partnership").

2. The address of the initial office where records shall be kept shall be 700 West Morse Boulevard, Suite 220, Winter Park, Florida 32789. The name and address of the initial registered agent for service of process is B&C Corporate Services of Central Florida, Inc., 390 North Orange Avenue, Suite 1400, Orlando, Florida 32801.

3. The name and initial business address of the General Partner is:

TIDELANDS RESORT MEMBERSHIPS GROUP MANAGERS, L.L.C., a
Florida limited liability company
700 West Morse Boulevard, Suite 220
Winter Park, Florida 32789

L09000120311

4. The initial mailing address of the limited partnership is 700 West Morse Boulevard, Suite 220, Winter Park, Florida 32789.

5. The profit or loss of the Partnership shall be proportionately distributed to the partners in accordance with the terms of the governing partnership agreement the Partnership.

This Certificate has been executed by the undersigned as of the 16th day of December, 2009.

GENERAL PARTNER:
TIDELANDS RESORT MEMBERSHIPS
GROUP MANAGERS, L.L.C., a Florida limited
liability company

By:

Paul M. Missigman, Manager

FILED
09 DEC 18 AM 10:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as the Registered Agent for TIDELANDS RESORT MEMBERSHIPS GROUP PARTNERS, LTD., the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that it is familiar with and accepts its statutory obligations as such.

**B&C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC., a Florida corporation**

By: 

Janice Myers, Vice President

Dated this 16th day of December, 2009.

FILED

09 DEC 18 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dec. 18. 2009 4:08 PM
DIVISION OF CORPORATIONS

Barnett, Bolt

3295
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Florida Department of State
Division of Corporations
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H090002611523ABC-

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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09 DEC 18 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
Swan Valley Partners, Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

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09 DEC 18 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 21 2009

EXAMINER

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H09000261152

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

1. Swan Valley Partners, Ltd.

(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. 614 W. Bay Street

(Street address of initial designated office)

Tampa, FL 33606

3. Donald W. Burton

(Name of Registered Agent for Service of Process)

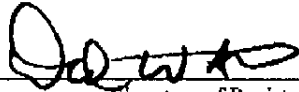
4. 614 W. Bay Street

(Florida street address for Registered Agent)

Tampa, FL 33606

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.

x



Signature of Registered Agent

6. 614 W. Bay Street

(Mailing address of initial designated office)

Tampa, FL 33606

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

South Fork Partners, Inc.

614 W. Bay Street

Tampa, FL 33606

PO9 000101180

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 16th day of December, 2009

Signature of each general partner:

SOUTH FORK PARTNERS, INC.

By: 

Donald W. Burton, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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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