

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000104089 3)))



H150001040893ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407) 425-7010  
Fax Number : (407) 425-2747

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

Email Address:

jwettach@zkslawfirm.comVillage Apartments  
FLORIDA/FOREIGN LP/LLP  
SW Limited Partnership

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help





May 1, 2015

FLORIDA DEPARTMENT OF STATE

ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Division of Corporations

SUBJECT: SW LIMITED PARTNERSHIP  
REF: W15000030251

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000110460 "SW APARTMENTS, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000104089  
Letter Number: 315A00008960

FILED - 1 MAY 2015  
11:28 AM  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

P.O BOX 6327 - Tallahassee, Florida 32314



((H15000104089 3)))

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

2015 MAY -1 AM 8:12  
MILWAUKEE COUNTY

1. SW VILLAGE 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 L.L.P.

2. 315 E. ROBINSON STREET, SUITE 600

(Street address of initial designated office)

ORLANDO, FLORIDA 32801

3. JOSEPH C.L. WETTACH, ESQUIRE

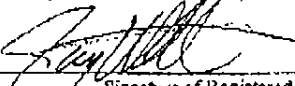
(Name of Registered Agent for Service of Process)

4. 315 E. ROBINSON STREET, SUITE 600

(Florida street address for Registered Agent)

ORLANDO, FLORIDA 32801

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. 315 E. ROBINSON STREET, SUITE 600

(Mailing address of initial designated office)

ORLANDO, FLORIDA 32801

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

((H15000104089 3)))



((H15000104089 3)))

8. Name and business address of each general partner:

Name:

Business Address:

SW GENERAL PARTNER, INC.

315 E ROBINSON STREET, SUITE 600

ORLANDO, FLORIDA 32801

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Effective date, if other than the date of filing: UPON 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 28<sup>th</sup> day of April, 2015.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.

FABRIZIO LUCCHESI  
FABRIZIO LUCCHESI

Fabrizio Lucchese, as

~~President of SW General Partner, Inc.~~

~~As: General Partner~~

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

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

Page 2 of 2

((H15000104089 3)))