

A 15000000374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

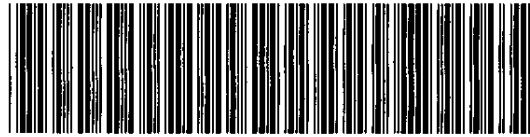
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ADMINISTRATIVE

M. MILLIGAN
EXAMINER

JUN -9 2015

William M. Cobb
(1881-1939)
Thomas T. Cobb
(1916-2004)
W. Warren Cole, Jr.
(1926-2008)
C. Allen Watts
(1946-2015)

Harold C. Hubka
Scott W. Cichon
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RETIRED
Jay D. Bond, Jr.
Rhoda Bess Goodson

May 13, 2015

VIA FEDERAL EXPRESS

Florida Department of State - Division of Corporations
Clifton Building - Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Ormond Riverside, Limited Partnership
Swakopmund, Inc.

Dear Sir or Madam:

Please file the documents in the order listed as follows:

Ormond Riverside, Limited Partnership:

1. Certificate of Limited Partnership for Florida Limited Partnership or Limited Liability Limited Partnership;
2. Check #148001- \$1,000.00 Filing Fee;
3. Certificate of Merger for Foreign Limited Partnership into Florida Limited Partnership;
4. Check #148000 - \$105.00 Filing Fee.



Florida Department of State
May 13, 2015
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Swakopmund, Inc.:

1. Certificate of Domestication of Swakopmund, Inc.;
2. Articles of Incorporation of Swakopmund, Inc.;
3. Check #147999 - \$105.00 Filing Fee.

Please provide confirmation of filing the enclosed documents in the self-addressed envelope provided.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen C. Allen".

Kathleen C. Allen

Direct Dial (386) 323-9247
Kathy.Allen@CobbCole.com
Fax (386) 944-7943

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

COBB COLE
149 S RIDGEWOOD AVE SUITE 700
DAYTONA BEACH, FL 32114

SUBJECT: ORMOND RIVERSIDE, LIMITED PARTNERSHIP
Ref. Number: W15000035741

We have received your document for ORMOND RIVERSIDE, LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00010642

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

FILED
15 MAY 14 PM 4:14
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

1. Ormond Riverside, 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.

2. 149 S. Ridgewood Ave., Suite 700

(Street address of initial designated office)

Daytona Beach, FL 32114

3. Palmetto Charter Services, Inc.

(Name of Registered Agent for Service of Process)

4. 149 S. Ridgewood Ave., Suite 700

(Florida street address for Registered Agent)

Daytona Beach, FL 32114

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. 149 S. Ridgewood Ave., Suite 700

(Mailing address of initial designated office)

Daytona Beach, FL 32114

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:

Swakopmund, Inc.

149 S. Ridgewood Ave., Suite 700

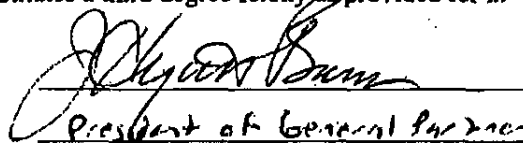
Daytona Beach, FL 32114

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 12th day of May, 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.817.155, F.S.



President of General Partner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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STATE OF FLORIDA
MAY 14 2015

15 MAY 14 PM 4:14

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