B23000000 177

(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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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
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:
Benjamin R. Jacobson Contact Person
TP Swan L.P. Firm/Company
3 Water Club Way, Apt 801
N. 791m Beach FL 33408 City, State and Zip Code
JAMIE @ JACOBSON PARTNERS, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMIE GULDBERG at (212) 758-4500 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

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

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	ter the date this document is filed by the Florida Department of State.) plicable statutory filing requirements, this date will not be listed as the ords.
Florida Department of State, by the Secretary of State or othe law of which it is organized	not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under
Signed this 9th day of May	20_23 Y-X-
Signa	ture of a general partner
The individual signing this document affirms that the facts submitted in a document to the Department of State constitu	stated herein are true and the individual is aware that false information utes a third degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) **\$52.50 \$8.75**

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JP SWAN, L.P." IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIFTH DAY OF APRIL, A.D. 2023.

TAYS OF THE PARTY OF THE PARTY

Authentication: 203213245

Date: 04-25-23