

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

B2400000018

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.

((H24000027393 3)))



H24000027393ABC/

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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

Cygnat Fund 2024, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
2024 JAN 22 AM 11:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 JAN 22 AM 8:06
TALLAHASSEE, FLORIDA

AS

((H24000027393 3))

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

1. Cygnat Fund 2024, 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 LLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

3. 12/29/2023

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 99-0584191

5. Name of Registered Agent for Service of Process and Florida Street Address:

LEGALINC CORPORATE SERVICES INC.

476 Riverside Ave.

Jacksonville, FL 32202

6. 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.

Sam Moulton

Signature of Registered Agent

7. Principal Office:

5001 Lyndon B Johnson Fwy, Suite 830

Dallas, TX 75244

8. Mailing Address:

5001 Lyndon B Johnson Fwy, Suite 830

Dallas, TX 75244

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner Swan Capital, LLC

Name of General Partner: _____

Street Address 5001 Lyndon B Johnson Fwy, Suite 830

Street Address: _____

Dallas, TX 75244

Mailing Address 5001 Lyndon B Johnson Fwy, Suite 830

Mailing Address: _____

Dallas, TX 75244

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

2024 JAN 22 AM 8:06

FILED

((H24000027393 3))

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 10th day of January, 2024



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

((H24000027393 3)))

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYGNET FUND 2024, LP" 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 TWELFTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYGNET FUND 2024, LP" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



2858716 8300

SR# 20240113875

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202586975

Date: 01-12-24

((H24000027393 3)))