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Form LP 201  
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S018344

Assigned by  
Secretary of State

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2002-01-07 10:33:31  
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LPR311/21/01:01:8118:  
SOSIL S018344 FILED 201  
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All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

1. Limited partnership's name: Tervin Transportation Partnership, L.P.

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) \_\_\_\_\_

621 Elmore, Park Ridge, IL 60068, Cook County

3. Federal Employer Identification Number (F.E.I.N.): 36-4477072

4. This certificate of limited partnership is effective on: (Check one)  
a)  the filing date, or b)  another date later than but not more than 60 days subsequent to the filing date: \_\_\_\_\_  
(month, day, year)

5. The limited partnership's registered agent's name and registered office address is:

Registered agent:	<u>Phil</u>	<u>R.</u>	<u>Goldberg</u>
	First name	Middle name	Last name
Registered Office:	<u>4022</u>	<u>N. Sheridan Road</u>	
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Chicago</u>	<u>Cook</u>	<u>Illinois 60613</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: To make Joint Investments

IRS Business Code Number is: 6748

7. Dissolution date is:  Perpetual or December 31, 2099  
(month, day, year)

ST  
2/3  
4/17

8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$100,000 (One Hundred Thousand Dollars)

9. A brief statement of the partners' membership termination and distribution rights:  
Distributions are to be made at the sole discretion of the General Partners. On termination,  
distribution of Partnership Assets will be pro-rata in relationship to the Partners' capital  
account balances.

**NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)**

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

All general partners are required to sign the certificate of limited partnership.

Signature *Patrick E. Tervin*  
**SIGNATURE AND NAME**

Type or print name and title Patrick E. Tervin,  
General Partner

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

Signature *Frances E. Tervin*

Type or print name and title Frances E. Tervin,  
General Partner

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or  
other entity \_\_\_\_\_

**BUSINESS ADDRESS**  
Number/Street 621 Elmore

City/town Park Ridge

State Illinois Zip Code 60068

Number/Street 621 Elmore

City/town Park Ridge

State Illinois Zip Code 60068

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

**FORMS OF PAYMENT:**

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

**DO NOT SEND CASH!**

**RETURN TO:**

Secretary of State  
Department of Business Services  
Limited Partnership Division  
Room 357, Howlett Building  
Springfield, Illinois 62756  
Telephone: (217) 785-8960