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CER41/12/03:01:6964: SOSIL 0011472 FILED 201

Form LP 201
(Rev. July 2003)

Filing Fee \$150



SUBMIT IN DUPLICATE!

File # 0011472

Doc#: **0332849104**
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 11/24/2003 12:36 PM Pg: 1 of 2

Assigned by
Secretary of State

Return to: Department of
Business Services
Limited Partnership Section
Room 357, Howlett Building
Springfield, IL 62756
Telephone: (217) 785-8960
<http://www.isos.net>

All correspondence regarding this
filing will be sent to the registered
agent of the limited partnership
unless a self-addressed envelope
is included.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

- Limited partnership's name: 20361 Hazelcrest Limited Partnership
 - The address of the office at which the records (including county) required by Section 104 are to be kept is: (P.O. Box alone and c/o are unacceptable) 32 North Inverway, Inverness, Illinois 60067 COOK IL
 - Federal Employer Identification Number (F.E.I.N.): applied for
 - 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)
 - The limited partnership's registered agent's name and registered office address is:
Registered agent: Lavelle Legal Services, Ltd.
First name _____ Middle name _____ Last name _____
Registered Office: 501 West Colfax
(P.O. Box alone is unacceptable) Number _____ Street _____ Suite # _____
Palatine _____ Cook _____ Illinois _____ 60067
City _____ County _____ ZIP Code _____
 - The limited partnership's purpose(s) is: To engage in any and all lawful act or activity for which a partnership may be organized under the 1986 Revised Uniform Limited Partnership Act of the State of Illinois.
- IRS Business Code Number is: 531390
- The latest date, if any, upon which the limited partnership is to dissolve. perpetual
(month, day, year)

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The total aggregate dollar amount of cash, property and services contributed by all partners is (optional)

If agreed upon, a brief statement of the partners' membership termination and distribution rights: (optional)

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.

1. Signature *Charles Wilks* **SIGNATURE AND NAME** Number/Street 32 North Inverway **BUSINESS ADDRESS**
 Type or print name and title Charles Wilks City/town Inverness
 Name of General Partner if a corporation or other entity _____ State Illinois ZIP Code 60067

2. Signature _____ Number/Street _____
 Type or print name and title _____ City/town _____
 Name of General Partner if a corporation or other entity _____ State _____ ZIP Code _____

3. Signature _____ Number/Street _____
 Type or print name and title _____ City/town _____
 Name of General Partner if a corporation or other entity _____ 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!