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Cook County Recorder 23.50

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S05IL 8014609 FILED 201
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SUBMIT IN DUPLICATE!

File # 8014609

Assigned by
Secretary of State

COOK COUNTY
RECORDER
JESSE WHITE
BRIDGEVIEW OFFICE



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)

- Limited partnership's name: MERALI FAMILY LIMITED PARTNERSHIP
- 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) 13735 Woodridge, Orland Park, IL 60462
Cook County, IL
- Federal Employer Identification Number (F.E.I.N.): ~~XXXXXXXXXX~~ 36-4248936
- 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: Ghanshyam V. Merali
First name Middle name Last name
Registered Office: 13735 Woodridge
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Orland Park Cook Illinois 60462
City County Zip Code
- The limited partnership's purpose(s) is: to own and invest in various assets as the General Partner may purchase on behalf of the Partnership, and the conduct of any other business which shall be legal for a limited partnership to conduct in Illinois.
IRS Business Code Number is: 6748
- Dissolution date is: Perpetual or 12/31/2030
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$50,000

9. A brief statement of the partners' membership termination and distribution rights:

There is a right of first refusal as to any sale or transfer of a partnership interest, and dissolution can occur upon agreement of the General Partner & upon a majority vote of the Limited Partner(s). Upon dissolution all debts are 1st paid, and then remaining assets are distributed.

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 AND NAME

BUSINESS ADDRESS

Signature [Signature]

Number/Street 13735 Woodridge

Type or print name and title General Partner

City/town Orland Park

Ghanshyam V. Merai

Name of General Partner if a corporation or other entity _____

State IL Zip Code 60462

Signature [Signature]

Number/Street 13735 Woodridge

Type or print name and title General Partner

City/town Orland Park

Daxa G. Merai

Name of General Partner if a corporation or other entity _____

State IL Zip Code 60462

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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8950

DO NOT SEND CASH!