

# UNOFFICIAL COPY

LP 201

JIM EDGAR  
Secretary of State  
State of Illinois

89165608

Submit in Duplicate

\$75.00 filing fee. See other side  
for acceptable forms of payment.

## CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

CO 4091 SOSIL 04/11/89  
75.00 ID 0000004277 FILED

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partners hereby form the limited partnership named below:

1. The limited partnership's name is: O & R HEALTHCARE LIMITED PARTNERSHIP (Note 1)

2. The Federal Employer Identification Number (F.E.I.N.) is: applied for (Note 2)

3. This certificate of limited partnership is effective on: (Check one)

a)  the filing date, or

b)  another date not more than 60 days subsequent to the filing date. Specify: \_\_\_\_\_

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

Registered Agent: Brown F. Quentin  
Last Name First Name Middle Name

Firm Name (if any) \_\_\_\_\_

Registered Office: 1300 Oak Street  
(P.O. Box alone Number Street Suite #  
is unacceptable)

Evanston Cook Illinois 60201  
City County Zip Code

5. The address, including county, of the office at which the records required by Section 104 are to be kept is:

1300 Oak Street, Evanston, Cook County, IL 60201 (Note 3)

6. The limited partnership's purpose(s) is: to invest directly or indirectly in real estate

7. The latest date upon which the limited partnership is to dissolve is: December 31, 2189

8. The total aggregate amount of cash and the aggregate agreed value of other property or services contributed by the partners and which they have agreed to contribute is: \$ 1.00

9. A brief statement of the partners' membership termination and distribution rights, if any. One 8-1/2" x 11" standard paper may be used, if needed, and attached to this form. The full text of such rights should be on file in the partnership's Section 104 office.

10. The names (last name first) and business addresses of all general partners must be listed:

O & R HEALTHCARE, INC. 1300 Oak Street, Evanston, IL 60201  
General Partner's Name Business Address

General Partner's Name Business Address

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.

X [Signature]  
Signature  
F. Quentin Brown  
Name (please print or type) President

\_\_\_\_\_  
Signature  
Name (please print or type)

If additional space is needed, this list must be continued in the same format on a plain white 8-1/2" x 11" sheet, which must be stapled to this form. Number of additional pages: 1

Return to: BA 416 J Harris

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9. Partner's termination of membership and distribution rights:

The partners have no voluntary termination rights. Upon termination of the Partnership, the proceeds of liquidation shall be distributed to and among the Partners in accordance with the terms of the Partnership Agreement which is kept at the principal office of the Partnership.

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DEPT 01 \$13.00  
T#1111 TRAN 0113 04/14/89 10:29:00  
#1252 # 4 89-165608  
COOK COUNTY RECORDER

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