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UNOFFICIAL Secretary of State 169314917

Submit in Duplicate

State of Illinois

325 filling fee. See other side for acceptable forms of payment.

this form. Number of additional pages:

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CERTIFICATE TO BE GOVERNED BY THE REVISED UNIFORM LIMITED PARTNERSHIP ACT (Pre-existing Illinois Limited Partnership)

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the preexisting I mited partnership named below is nereby governed by that Act, effective at the time this certificate is filled in the office of the Secretary of State

1.	The limited partnership's name s: Wheeling Property Partnership			
2.	The Federal Employer Identification Number (F.E.I.N.) is:	36-3500673		Note 11
3.	The limited partnership's registered agent's name and registered office address is:			
	Registered Ayant Sternfield Last Name 170s aph J. Freed & Association (if any)	Scott First Name		Middle Name
	Registered Office: 1000 Capitol Drive (P.O. Box alone Number Is unacceptable) Wheeling City	Street Cook County	llfinois	Suite # 60090 Zip Code
4.	The office address, including county, at which the records required by Section 104 are to be kept is: 1000 Capitol Drive, Wheeling, Cock County, Illinois 60090			
5.	The limited partnership's purpose(s) is: to invest in, rurchase, develop, improve, lease, and/or			
	sell certain real property			
6.	The latest date upon which the limited partnership is to dissolve is: December 31, 2021			
7.	The county in which the preexisting limited partnership's original certificate of limit of partnership was filed is: Cook Recording date: 12/31/86 Document of Book & Page No.: 86629446			
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: \$ 1,000.00			
9.	A brief statement of the partners' membership termination and distribution rights, if any. One 8-1/2" x 1 " 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 a Section 104 office.			
10.	The names (last name first) and business addresses of all sneet which must be stapled to this form.	general partners must be li	isted on a separate	plain w'iite 8-1/2" x 11"
	The undersigned affirms, under penalties of perjury, that the facts stated herein are true.			
	All general partners are required to sign the certificate to be governed by the Revised Uniform Limited Partnership Act.			
	BARRY-PULASKI, INC., an #54/3-M3/Signature Illinois/corporation Name (please print or type) By: Signature A CC # STERNFIELD ts V/P Name (please print or type)	Signature Joseph J. Name please Signature Name (please	print or type)	

If additional space is needed, this must be continued in the same formation a plain white 8-1/2" x11" sheet, which must be stapted to

D. Waires

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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.

10 Name

Barry-Pulaski, Inc., an Phopis corporation

Freed, Joseph J.

Business Address

1000 Capitol Drive Wheeling, IL 60090

ph J. 1000 Capitol Drive Wheeling, IL 60090

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