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LP 902

JIM EDGAR
Secretary of State
State of Illinois

Submit in Duplicate

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

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

90470516

Pursuant to the provisions of the Revised Uniform Limited Partnership Act, the undersigned general partner hereby applies on behalf of the limited partnership named below for admission to transact business as a foreign limited partnership in Illinois:

- The limited partnership's name is: Country Place Apartments - Moweaqua, IL, Limited Partnership
- The Federal Employer Identification Number (F.E.I.N.) is: To be applied for: (Note 1)
- The limited partnership was formed in the jurisdiction of: Indiana on: 9/1/90 and validly exists there as a limited partnership on the file date of this application. (month, day, year)
- The assumed name, if any, under which the limited partnership proposes to transact business in Illinois is: Not Applicable: (Note 2)
- The name of the limited partnership's registered agent and the address of its registered office is:

Registered Agent: _____
Last Name First Name Middle Name

CT Corporation System
Firm Name (if any) **90470516**

Registered Office: 208 S. LaSalle Street
 (P.O. Box alone Number Street Suite #
 is unacceptable) Chicago, Cook Illinois 60604
 City County Zip Code

- The address, including county, of the office at which is kept a list of the names, business addresses and capital contributions of all limited partners is: 9302 N. Meridian Street, Marion County, Indianapolis, Indiana 46260
- The undersigned agree(s) to keep the records detailed in Number 6 until the limited partnership's registration in this State is cancelled or withdrawn.
- The latest date upon which the limited partnership is to be dissolved in the jurisdiction in which it was formed is: 12/31/2045
- The Secretary of State is hereby appointed the agent of this limited partnership for service of process under the circumstances set forth in Section 909(b) of the Revised Uniform Limited Partnership Act.
- The names (last name first) and business addresses of all general partners must be listed:

<u>Harman, Stanley</u> General Partner's Name	<u>9302 N. Meridian, Indianapolis, Indiana 46260</u> Business Address
_____	_____
General Partner's Name	Business Address

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. DEPT-01 RECORDING \$13.00

The original application for admission to transact business must be signed by a general partner. T#8888 TRAN 1306 09/27/90 10:39:00

Stanley Harman
Signature
Stanley Harman, General Partner
Name (please print or type)

#0763 # H * -90 -470516
COOK COUNTY RECORDER

If additional space is needed, this must be continued in the same format on a plain white 8-1/2"x11" sheet which must be stapled to this form. Number of additional pages: _____

90470516

9/20/90

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UNOFFICIAL COPY

JIM EDGAR
Secretary of State
State of Illinois

CP 302

Submit in Duplicate

APPLICATION FOR ADMISSION TO TRANSACT BUSINESS (foreign limited partnership)

250.00 filing fee (see other side for
acceptable forms of payment)

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1. The limited partnership named below for admission to transact business as a foreign limited partnership in Illinois is organized under the laws of the State of Illinois and is a limited partnership as defined in the Revised Uniform Limited Partnership Act, the provisions of which are hereby adopted in Illinois.

2. The limited partnership is organized under the laws of the State of Illinois and is a limited partnership as defined in the Revised Uniform Limited Partnership Act, the provisions of which are hereby adopted in Illinois.

3. The Federal Employer Identification Number (E.I.N.) is: To be applied for (state)

4. The limited partnership was formed in the jurisdiction of: ILLINOIS and the date of this application is: 01/01/00

5. The assumed name, if any, under which the limited partnership proposes to transact business in Illinois is:

6. The name of the limited partnership's registered agent and the address of its registered office is:

Registered Agent: Last Name First Name

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First Name (if any)
OR CORPORATION SYSTEM

Registered Office: 208 S. LaSalle Street
City: Chicago, Illinois
State: Illinois
Zip Code: 60604

7. The address including county, of the office in which the limited partnership proposes to transact business in Illinois is: 208 S. LaSalle Street, Chicago, Illinois

8. The designated agent(s) to keep records detailed in Number 6 using the limited partnership's name and the assumed name, if any, is: [Name]

9. The limited partnership is to be dissolved in the future and the date of dissolution is: [Date]

10. The limited partnership is hereby appointed the agent of the limited partnership for the purpose of procuring a certificate of incorporation in the State of Illinois in accordance with the provisions of the Revised Uniform Limited Partnership Act.

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

General Partner's Name: [Name]
Business Address: [Address]

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

The original application for admission to transact business must be signed by a general partner.

Signature: [Signature]

Name (Please Print or Type): [Name]
General Partner

If a second page is needed, this must be continued in the same format on a plain white sheet of paper. Number of additional pages: [Number]

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ILLINOIS