

UNOFFICIAL COPY

Assigned by Secretary of State

Form LP 201
(Rev. Jan. 1991)

Filing Fee \$75

DUPLICATE

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

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

OFFICE USE ONLY

RECORDING DEPARTMENT

1. Limited partnership's name: Shapiro Family Limited Partnership

2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable)

235 Ridge Road, Apt. 30, Wilmette, Illinois 60091 Cook County

3. Federal Employer Identification Number (F.E.I.N.): Applied For

4. 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)

DEPT-01 RECORDING 123.50
T42222 TRAK 1904 11/22/94 12:14:00
#7377 KB *-94-987482
COOK COUNTY RECORDER

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

Registered agent:	<u>Richard E. Brandwein</u>
First name	Middle name Last name
Registered Office:	<u>200 N. LaSalle 2100</u>
(P.O. Box alone and c/o are unacceptable)	Number Street Suite #
	<u>Chicago Cook Illinois 60601</u>
	City County State Zip Code

6. The limited partnership's purpose(s) is: To invest partnership assets in any other general or

limited partnership, securities, businesses, real estate interests and other investment

opportunities as the partnership may from time to time deem to be in its best interests.

IRS Industrial Code Number is: 8740

7. Dissolution date is: Perpetual or December 31, 2023

(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-6)

\$805,000

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

Upon termination of the Partnership, property will be distributed in cash or kind to the partners in accordance with their capital accounts. Upon dissolution of the Partnership, a partner's membership shall terminate and each partner shall be entitled to the distribution rights in accordance with the terms of the Partnership's Agreement of Limited Partnership.

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10.

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	
1.	<u>Dorothy Shapiro</u> (Signature) Dorothy Shapiro, General Partner (Type or print name and title) (Name of General Partner if a corporation or other entity)
2.	<u>Neal Scott</u> (Signature) Neal Scott, as Trustee of The Neal Scott Trust Barred <u>July 22, 1988</u> (Type or print name and title) (Name of General Partner if a corporation or other entity)
3.	 (Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)
4.	 (Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)
5.	 (Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)
6.	 (Signature) (Type or print name and title) (Name of General Partner if a corporation or other entity)

BUSINESS ADDRESS	
1.	<u>235 Eldon Road, Apt. 30</u> Number Street <u>Wilmette</u> City/Town <u>Illinois</u> <u>60091</u> State Zip Code
2.	<u>3922 Patterson Drive</u> Number Street <u>New Orleans</u> City/Town <u>LA</u> <u>70114</u> State Zip Code
3.	 Number Street City/Town State Zip Code
4.	 Number Street City/Town State Zip Code
5.	 Number Street City/Town State Zip Code
6.	 Number Street City/Town State Zip Code

(Signatures must be in 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!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960



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RETURN TO:

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Much Shelist Fred Lendberg, Agent & Eger, P.C.
200 North La Salle Street - Suite 2100
Chicago, Illinois 60601-1095