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Form LP 201
(Rev. Jan. 1935)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C008638

95545134

Assigned by
Secretary of State

DEPT-01 RECORDING \$23.50

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COOK COUNTY RECORDER

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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 pre-paid postage is included.

1. Limited partnership's name: PORK CHOP LIMITED PARTNERSHIP

2. 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) 2001 North Cline Avenue, Griffith, Indiana 46319

Lake 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)

5. The limited partnership's registered agent's name and registered office address is: 95545134

Registered agent:	Frank	G.	Reader
	(First name)	Middle name	Last name
Registered office:	222	North LaSalle	2600
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	Chicago	Cook	Illinois 60601
	City	County	Zip Code

6. The limited partnership's purpose(s) is: to (a) acquire, hold, dispose of, lease, manage, improve, rehabilitate and otherwise deal with certain real estate located at 7720 and 7800 West 60th Place, Summit, Illinois, or any other real estate; (b) acquire, hold and dispose of securities and other investments for long-term investment growth; and (c) to engage in any activities related or incidental to the foregoing purposes.

IRS Business Code Number is: 6749

7. Dissolution date is: Perpetual or August 1, 2055
(month, day, year)

2350
10

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

\$1,000

9. A brief statement of the partners' membership termination and distribution rights: The Partnership will terminate on August 1, 2055, unless terminated sooner by the vote of all the General Partners with the consent of all the initial Limited Partners who are then Limited Partners. A General Partner may withdraw at any time. Upon a General Partner's withdrawal or occurrence of an event of withdrawal, his general partner units must be sold to the other General Partners. A Limited Partner can only withdraw prior to dissolution of the Partnership with the consent of all the General Partners and all the initial Limited Partners who are then Limited Partners. Upon withdrawal, his limited partner units will be purchased by the Partnership at fair value. One percent of all distributions are to be paid to the General Partners and 99 percent to the Limited Partners, in each case in proportion to the percentage of units held.

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
Signature *Albert Y. Bingham, Jr.*
Type or print name and title Albert Y. Bingham, Jr.
President

Name of General Partner if a corporation or
other entity Bulkmatic Transport Company, an
Illinois corporation

Signature _____
Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Signature _____
Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

BUSINESS ADDRESS
Number/Street 2001 North Cline Avenue

City/town Griffith

State Indiana Zip Code 46319

Number/Street _____

City/town _____

State _____ Zip Code _____

Number/Street _____

City/town _____

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."

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

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