

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1995)

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # S010287

95732538

Assigned by
Secretary of State

DEPT-01 RECORDING 123.00
T46666 TRAN 1515 10/26/95 13:29:00
#0896 + RC * 95-732538
COOK COUNTY RECORDER

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.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP (Illinois limited partnership)

- Limited partnership's name: Hawkeye Investments, L.P.
- 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) 120 North LaSalle Street, Suite 2820, Chicago, Illinois 60602
- Federal Employer Identification Number (F.E.I.N.): 36-4037491
- 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)
- The limited partnership's registered agent's name and registered office address is:
Registered agent: David R. Gray
First name Middle name Last name
Registered Office: 120 N. LaSalle Street 2820
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Chicago Cook Illinois 60602
City County Zip Code
- The limited partnership's purpose(s) is: carrying on the business of making and otherwise dealing with investments of any type, and engaging in one or more enterprises, ventures, undertakings and businesses permitted under the Illinois Revised Uniform Limited Partnership Act.
IRS Business Code Number is: 6799

7. Dissolution date is: Perpetual or December 31, 2015
(month, day, year)

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

\$10,000.00

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

Distribution to the partners is made in accordance with the positive capital account balances of the partners

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

BUSINESS ADDRESS

Signature

Number/Street 120 N. LaSalle St., Suite 2820

Type or print name and title David P. Gray, President

City/town Chicago

Name of General Partner if a corporation or other entity Rockwell Enterprises, Inc.

State Illinois Zip Code 60602

Signature

Number/Street

Type or print name and title

City/town

Name of General Partner if a corporation or other entity

State Zip Code

Signature

Number/Street

Type or print name and title

City/town

Name of General Partner if a corporation or other entity

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."

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 789-6760

DO NOT SEND CASH!

RETURN TO BOX 242

RETURN TO BOX 242