

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # 5010385

Assigned by  
Secretary of State

95821561

DEPT-01 RECORDING \$23.50  
157777 TRAN 4040 11/28/95 15:14:00  
44283 9 83K \*--95--9521561  
COOK COUNTY RECORDER

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11/28/95 15:14:00  
44283 9 83K \*--95--9521561

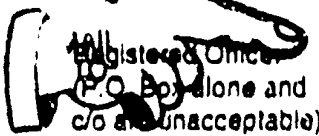
PROPERTY OF Cook County Clerk's Office

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

CERTIFICATE OF LIMITED PARTNERSHIP  
(Illinois limited partnership)

95821561

- Limited partnership's name: Scavelli Partners, 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) 8155 West Catherine, Chicago, Illinois 60636  
Cook County
- Federal Employer Identification Number (F.E.I.N.): 36-4039897
- 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: Joseph R. Marcel  
First name Middle name Last name  
222 North LaSalle Street, Suite 2200  
Number Street Suite #  
Chicago Cook Illinois 60601  
City County Zip Code
- The limited partnership's purpose(s) is: to acquire and invest in real estate, stocks and bonds, and other securities and to engage in all activities which the General Partner determines are related thereto.
- IRS Business Code Number is: 6511
- Dissolution date is:  Perpetual or December 31, 2045  
(month, day, year)



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93521561 19512856

8. The total aggregate dollar amount of cash, property and services contributed by all partners is  
\$1,650,000

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

The partnership shall terminate when all of the assets of the  
partnership shall have been converted to cash and the net proceeds,  
after paying debts, are distributed to the Partners and all  
investments are filed or recorded as required law.

**NAME(S) AND 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 *Germano Scavelli*

**BUSINESS ADDRESS**  
Number/Street 8155 West Catherine

Type or print name and title Germano Scavelli, as  
President of the general partner

City/town Chicago

Name of General Partner if a corporation or  
other entity J & C Management Company, Inc.  
corporation 7055075417  
Signature \_\_\_\_\_

State Illinois Zip Code 60656  
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) 785-8960

**DO NOT SEND CASH!**