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File # C008954
Assigned by Secretary on date

Form LP 201
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Filing Fee \$75

SUBMIT IN 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 pre-paid postage is included.



MAIL TO
LENS DOC SERV
135 S LA SALLE
SUITE 8054
CHGO, IL 60603

96163925

OFFICE USE ONLY

C008954 SOSIL 03/04/96
75.00 IO 000022529 FILED

1. Limited partnership's name: Eola Road 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) 5060 River Road, Schiller Park, Cook County, IL 60176 \$23.50
10004 TRAN 5206 03/05/96 13:29:00
43128 LF *-96-163925
COOK COUNTY RECORDER

3. Federal Employer Identification Number (F.E.I.N.): 36-4046490

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)

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

Registered agent:	<u>James P. Grunacki</u>	_____	_____
	First name	Middle name	Last name
Registered Office:	<u>5060 River Road</u>	_____	_____
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Schiller Park,</u>	<u>Cook</u>	Illinois <u>60176-1076</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: To acquire, own, operate, mortgage, lease and sell real property for rental income and investment.

IRS Industrial Code Number is: 6511

7. Dissolution date is: Perpetual or December 31, 2020 (month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5) \$82,900.00

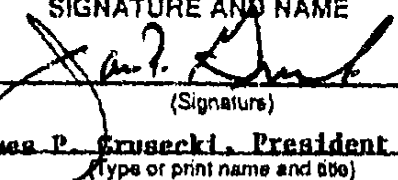
9. A brief statement of the partners' membership termination and distribution rights:
No partner has the right to terminate and withdraw its capital contribution, except the General Partner's initial contribution may be reduced upon the admission of additional limited partners provided the aggregate capital contributed is not decreased. Upon liquidation, after payment of creditors and reserves for contingent liability, all parties will receive a distribution equal to their respective percentage participation in Partnership profits and assets. (over)

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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		BUSINESS ADDRESS	
1.	 _____ (Signature) James P. Grusecki, President _____ (Type or print name and title) Northern Builders Inc. _____ (Name of General Partner if a corporation or other entity)	1.	5060 River Road _____ Number Street Schiller Park, _____ City/town Illinois 60176-1076 _____ State Zip Code
2.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	2.	_____ Number Street _____ City/town _____ State Zip Code
3.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	3.	_____ Number Street _____ City/town _____ State Zip Code
4.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	4.	_____ Number Street _____ City/town _____ State Zip Code
5.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	5.	_____ Number Street _____ City/town _____ State Zip Code
6.	_____ (Signature) _____ (Type or print name and title) _____ (Name of General Partner if a corporation or other entity)	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.)

96163925

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