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Form LP 201
(Rev. Jan. 1995)

Filing Fee \$75

96204982

SUBMIT IN DUPLICATE!

File SG10751

Assigned by
Secretary of State

DEPT-01 RECORDING 423.50
T20064 TRAN 5916 03/18/96 10:52:00
4815 \$ LF #96-204982
COOK COUNTY RECORDER

96204982

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)

96204982

STATION 2166

- Limited partnership's name: LAURENCE M JAMES LIMITED PARTNERSHIP
- 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) ONE EAST DELAWARE, SUITE 310, CHICAGO, IL, 60611
COOK COUNTY
- Federal Employer Identification Number (F.E.I.N.): Application for
- 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:	<u>LAURENCE</u>	<u>M</u>	<u>JAMES</u>
	First name	Middle name	Last name
Registered Office:	<u>ONE EAST DELAWARE</u>		
(P.O. Box alone and c/o are unacceptable)	<u>210</u>	<u>CHICAGO</u>	<u>ILLINOIS 60611</u>
	Number	Street	Suite #
	<u>CHICAGO</u>	<u>COOK</u>	<u>ILLINOIS 60611</u>
	City	County	Zip Code
- The limited partnership's purpose(s) is: TO RUN AND SELL FURNITURE

IRS Business Code Number is: 6552

7. Dissolution date is: Perpetual or 12-31-2005 or by Michael James
(month, day, year)

23 50
J

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

\$100,000

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

Termination via Mutual Consent, All Partnerships and
Partnership Interest

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

[Signature]

Type or print name and title

THOMAS J. McCarty

VICE PRESIDENT AND SECRETARY

Name of General Partner if a corporation or

other entity

James M. Properties, Inc

Signature

[Signature]

Type or print name and title

James M. Properties, Inc

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

ONE EAST DECATUR ST

City/town

Chicago

State

ILLINOIS

Zip Code

60611

Number/Street

City/town

96204882

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