

UNOFFICIAL COPY

Form LP 201
(Rev. Jan. 1995)

Filing Fee \$75

97057879

SUBMIT IN DUPLICATE!

File SC11933

Assigned by
Secretary of State

DEPT-01 RECORDING 423.50
126636 TRAN 2659 01/27/97 08:35:00
40667 3 IR * 97-057879
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: Buzzy's World 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) Jeffrey L. Goldberg, 790 Frontage Road, Northfield, IL 60093 Cook County
- Federal Employer Identification Number (F.E.I.N.): 36-4117928
- 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: Jeffrey L. Goldberg
First name Middle name Last name
Registered Office: 790 Frontage Road
Number Street Suite #
(P.O. Box alone and c/o are unacceptable) Northfield Cook Illinois 60093
City County Zip Code
- The limited partnership's purpose(s) is: Joint Investment

IRS Business Code Number is: 46748

7. Dissolution date is: Perpetual or December 31, 2096
(month, day, year)

33.50
RW

PROPERTY

SECRET
NO. 00
EE 000100722
SECRET

8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$1,000.00 (One Thousand Dollars)

9. A brief statement of the partners' membership termination and distribution rights:
Distributions will only be made at the sole discretion of
the general partners. On termination, distribution will be made
pro-rata in relationship to partners' capital account balances.

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 Michael A. Brown,
General Partner

Name of General Partner if a corporation or
other entity _____

Signature [Signature]

Type or print name and title Amy Brown,
General Partner

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 _____

(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!

BUSINESS ADDRESS

Number/Street 3840 Joanne Drive

City/town Glenview

State Illinois Zip Code 60025

Number/Street 3840 Joanne Drive

City/town Glenview

State Illinois Zip Code 60025

Number/Street _____

City/town _____

State _____ Zip Code _____

RETURN TO:

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