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Form LP 201
(Rev. Jan. 1995)

8296/0008 21 001 Page 1 of 2
1998-06-25 10:21:24
Cook County Recorder 23.00

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # C010057

Assigned by
Secretary of State

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: Fujii Family Partnership 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) 1336 Basswood, Suite F, Schaumburg, IL 60173, County of Cook
- Federal Employer Identification Number (F.E.I.N): 36-4232601
- 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: C T CORPORATION SYSTEM
Registered Office: 208 S. LaSalle Street
(P.O. Box alone and c/o are unacceptable) Chicago Cook Illinois 60604
City County Zip Code
- The limited partnership's purpose(s) is: To engage in any lawful act or activity for which a limited partnership may be incorporated under the Revised Uniformed Limited Partnership Act of 1986, as amended
- IRS Business Code Number is: 8999
- Dissolution date is: Perpetual or _____
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$ 67, 935

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

Upon termination, distribution shall be
as spelled out in the Limited Partnership Agreement

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 Brian McTernan

Number/Street 1336 Basswood, Suite F

Type or print name and title Brian McTernan

City/town Schaumburg

Secretary

Name of General Partner if a corporation or
other entity Fujii Family Corp.

State IL Zip Code 60173

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."

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

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