

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # SC13941

Assigned by
Secretary of State

Vytis Lintuvinkas
Attorney at Law
4538 West 83rd Street
Chicago, Illinois 60629
312/284-0100

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: Kerelis Family 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) 9525 South 79th Avenue, Hickory Hills
Cook County, Illinois 60457
- Federal Employer Identification Number (F.E.I.N.): applied 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: Albert J. Kerelis
First name Middle name Last name
Registered Office: 9525 South 79th Avenue
(P.O. Box alone and c/o are unacceptable) Number Street Suite #
Hickory Hills, Cook Illinois 60457
City County Zip Code
- The limited partnership's purpose(s) is: Any lawful purpose for which a limited partnership may be organized.

IRS Business Code Number is: 8999

7. 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
10,000

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

Upon termination, whether by expiration of term or upon occurrence of any
termination event provided for in the partnership agreement, member shall be
entitled to an accounting, liquidation of partnership assets to cash and
distribution pursuant to their respective interest in the partnership

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 [Signature]

Number/Street 9525 South 79th Avenue

Type or print name and title Albert J. Kerelis

City/town Hickory Hills

General Partner

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60457

Signature [Signature]

Number/Street 9525 South 79th Avenue

Type or print name and title Irena Kerelis

City/town Hickory Hills

General Partner

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60457

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!

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