

Filing Fee \$75

SUBMIT IN DUPLICATE!

File # 5013509

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)

1. Limited partnership's name: Pempek Limited Partnership

2. 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) 11745 Southwest Highway, Palos Heights, Illinois 60463
Cook County

3. Federal Employer Identification Number (F.E.I.N.): 36-4198584

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)

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

Registered agent:	<u>John</u>	<u>J.</u>	<u>Pempek</u>
	First name	Middle name	Last name
Registered Office:	<u>11745</u>	<u>Southwest Highway</u>	
(P.O. Box alone and c/o are unacceptable)	Number	Street	Suite #
	<u>Palos Heights</u>	<u>Cook</u>	<u>Illinois 60463</u>
	City	County	Zip Code

6. The limited partnership's purpose(s) is: To invest in, acquire, hold, maintain, operate, improve, develop, sell, exchange, lease, borrow, lend any and all real property, securities and other investments.

IRS Business Code Number is: 8999

7. Dissolution date is: Perpetual or 12/31/2046
(month, day, year)

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8. The total aggregate dollar amount of cash, property and services contributed by all partners is
\$25,000.00

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

When in the opinion of the General Partner there is cash available for
distribution, such funds shall be distributed to the Partners in
accordance with Participating Percentages. Termination upon agreement
of all Partners, upon attaining dissolution date or bankruptcy of
General Partner without appointment of substitute General Partner.

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]
Type or print name and title John J. Pempek
General Partner

Number/Street 11745 Southwest Highway
City/Town Palos Heights

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60463

Signature [Signature]
Type or print name and title Gail Pempek
General Partner

Number/Street 11745 Southwest Highway
City/Town Palos Heights

Name of General Partner if a corporation or
other entity _____

State Illinois Zip Code 60463

Signature _____
Type or print name and title _____

Number/Street _____
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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MAIL TO:

JAMES A. FRIEL
ATTORNEY AT LAW
1500 RAVINIA PLACE
ORLAND PARK, ILLINOIS 60402