

Document Number Only
B96000000097

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

City _____ State _____

City State Zip

City	State	Zip	Phone
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CORPORATION(S) NAME

700001742637

-03/14/96--01007--007

~~1785.00~~ 1785.00

~~799901742677~~

-03/14/96--01007--008

~~*****8.75*****8.75~~

() Profit

☐ NonProfit

() Amendment

() Merger

() Foreign

() Dissolution/Withdrawal

() Mark

~~(X) Limited Partnership~~

☐ Annual Report

☐ Other

Reinstatement

() Reservation

() Change of R.A.

() Fic. Name

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☐ Photo Copies

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Pick Up

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Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

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FRINT	175.00
R. H.	3.00
C. H.	8.75
TOTAL	1793.75
N. H.	
BALANCE ON	
RETURN	

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. J Chain, L.P. Limited Partnership
(Name of limited partnership as it is in the home state;
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware 4. 2/8/96
(State of Formation) (Date of Formation)
5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
- Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
- Beth A. Pope
(Officer must sign on this line)
- Beth A. Pope, Assistant Secretary
(True Name and Title of Officer)
8. 109 Orange Street
Wilmette, IL
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
- | 9. NAME OF GENERAL PARTNERS | SPECIFIC ADDRESS |
|--|--|
| <u>J Chain Corp.</u>
<u>F96-000001229</u> | <u>10 S. Wacker Drive</u>
<u>Suite 3175</u>
<u>Chicago, IL 60606</u> |
10. 10 S. Wacker Dr., Suite 3175, Chicago, IL 60606
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.
12. 10 S. Wacker Dr., Suite 3175, Chicago, IL 60606
(Mailing Address of Limited Partnership)

This 6th day of March, 19 96.

J Chain Corp.

By: D. J. O. H. O.

General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 11 PM 2:01

STATE OF ILLINOIS

COUNTY OF COOK

THE FOREGOING instrument was acknowledged and sworn to before me this 6th day of March, 19 96, by David Hawkins (Name of General Partner) of Vice President of J Chain Corp. (Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Maureen L. Maher

Notary Public

State of Illinois at Large

(SEAL)

My Commission Expires: _____

"OFFICIAL SEAL"

Maureen L. Maher

Notary Public, State of Illinois
My Commission Expires July 29, 1996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared J Chain Corp., a general partner of J Chain, L.P. Limited Partnership, a (an) limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,940,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 418,000.

This 6th day of March, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

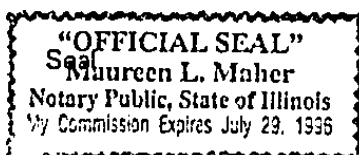
General Partner
J Chain Corp.

By: D. O. H.
Its: Vice President

STATE OF ILLINOIS
COUNTY OF COOK
DATE 3-6-96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared David Hawkins (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 6th day of March, 1996.



Maureen L. Maher
Notary Public
State of Illinois at Large
My Commission Expires: 7/29/96

CONFIDENTIAL - EYES ONLY

Harpooner's Home
660 East Jefferson Street

Acknowledgments

Tallahassee, Florida 32301

City State Zip Phone
904-222-1092
CORPORATION(S) NAME

200001775382
-04/10/96--01044--023
*****52.50 *****52.50

J Chain, L.P. Limited Partnership

() Profit

() NonProfit

() Limited Liability Company

() Förelign

Amendment

() ~~Dissolution/Withdrawal~~

4. Manager

0.0000

() Limited Partnership

() Reinstatement

() Annual Report

() **Observation**

7035

(1) Change of N.A.

() Certified Copy

() Photo Copies

Alphonse Hark:

Q. 347 G/G

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() Call it Problem

0.453

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() Will Wait

() - 407 4:30

☐ Mail Out

● 1. 10. 1954

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DEPARTMENT
FBI 2:2

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C. TAX

5230

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Optimal	Optimal	DOC
Availability	Availability	
Acknowledgment		
Examiner	Examiner	DOC
W.P. Vnuller		
Examiner		DOC
CH2E0.01 (1.09)		

CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF

J Chain, L.P. Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173 Florida Statutes, this foreign limited partnership heraby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

1. The name of the limited partnership has been changed in its state of formation to Jeffrey Chain, L.P.
2. The name of the general partner has been changed from J Chain Corp. to Jeffrey Chain Corp.

Jeffrey Chain Corp.

By: [Signature]

(Signature of a General Partner)

Brian P Simmons, President

(Typed or printed name of General Partner signing above)

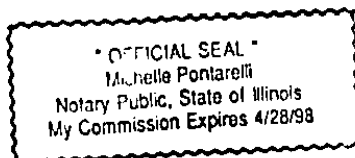
STATE OF ILLINOIS

COUNTY OF COOK

On this 15th day of March, 19 96,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of

Seal



Michelle Pontarelli

(Notary Public Signature)

Michelle Pontarelli

(Notary's Printed Name)

My Commission Expires: 4/28/98