

1201 HAYS STREET
TALLAHASSEE, FL 32301-2007

800-342-8086



networks

PRESIDENTIAL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 008306 4320611

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 2, 1996

ORDER TIME : 11:08 AM

ORDER NO. : 008306

CUSTOMER NO: 4320611

CUSTOMER: Ms. Laura Geis
Alzheimer & Gray
10 South Wacker Drive
Suite 4000
Chicago, IL 60606

800001883870
-07/03/96--01090--003
****87.50 ****87.50

700001890967
-07/11/96--01053--001
****673.75 ****673.75

FOREIGN FILINGS

NAME: THE O'BRIEN FAMILY LIMITED
PARTNERSHIP

J. TAX _____
FILING 1,347.50
R. AGENT FEE _____
C. COPY _____
TOTAL 1,347.50
N. BANK _____
BALANCE DUE _____
REFUND _____

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

700001890967
-07/11/96--01053--002
****673.75 ****673.75

RECEIVED
JUL 5 5 32 PM '96
CSC NETWORKS

Wacker 4247

*bk
7/5/96*

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. The O'Brien Family 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. Illinois 4. 11-9-94
(State of Formation) (Date of Formation)
5. Corporation Service Company
(Name of Registered Agent for Service of Process)
6. 1201 Hays Street, Suite 105
(Street Address of Registered Office)
Tallahassee, Florida 32301
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
Corporation Service Company
By: Susan M. Prevost Asst. Vice President
Susan M. Prevost (Agent must sign on this line)
8. 33 Meadow View Drive, Northfield, IL 60093
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- | | |
|---------------------------|--|
| <u>Maurice J. O'Brien</u> | <u>33 Meadow View Drive</u>
<u>Northfield, IL 60093</u> |
| <u>Frances M. O'Brien</u> | <u>33 Meadow View Drive</u>
<u>Northfield, IL 60093</u> |
| _____ | _____ |
| _____ | _____ |
10. 33 Meadow View Drive, Northfield, IL 60093
(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.

CONTINUED

12. 33 Meadow View Drive
Northfield, IL 60093
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This day of 21st, June, 19 96

M. J. Brown
General Partner

STATE OF ILLINOIS

COUNTY OF COOK

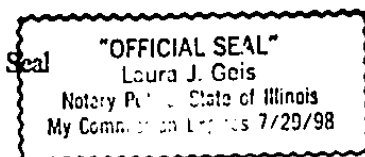
On this 21st day of June, 19 96, M. J. Brown
personally appeared before me, ☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Laura J. Geis
(Notary Public Signature)

Laura J. Geis

(Notary's Printed Name)



My Commission Expires: 7-29-98

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared The O'Brien Family,
a general partner of Limited Partnership, a (an) Illinois limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$450,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$200,000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 21st day of June, 19 96.

M. J. O'Brien
General Partner

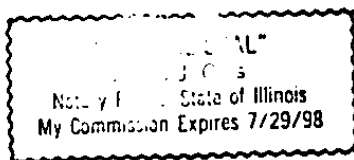
96 JUL -5 PM 3:32

STATE OF ILLINOIS

COUNTY OF COOK

On this 21st day of June, 19 96, Maurice J. O'Brien
personally appeared before me, ☒ who is personally known to me

☐ whose identity I proved on the basis of _____



Laura J. Geis
(Notary Public Signature)
Laura J. Geis
(Notary's Printed Name)

Seal

My Commission Expires: 7-29-98

B96000000257

The O'Brien Family Limited Partnership
Requestor's Name

33 Meadows View Drive
Address

Northfield, IL 60093
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. The O'Brien Family Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
27 APR - 9 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900002135389--9
-04/08/97--01037--001
*****52.50 *****52.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

B96-257

Name Availability	<u>OK</u>
Document Examiner	<u>OK</u>
Updater	<u>OK</u>
Updater Verifier	<u>OK</u>
Acknowledgment	<u>OK</u>
W. P. Verifier	<u>OK</u>