

# B99000000200

Document Number On

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

500002873695-6  
-05/19/99--01031--010  
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142nd Street Associates Limited Partnership

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger              |
| <input type="checkbox"/> NonProfit                      |   |  |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                |
| <input type="checkbox"/> Foreign                        |   |  |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.      |
| <input type="checkbox"/> Limited Liability Partnership  |   | <input type="checkbox"/> Fictitious Name     |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photo Copies           | <input checked="" type="checkbox"/> CUS/ G/S |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30          |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up  |
| <input type="checkbox"/> Mail Out                       |   |  |

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

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THANK YOU !

CONNIE BRYAN

51 MAY 19 1999

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5/19/99

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

1. 142nd Street Associates 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. 5/14/99  
(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:

C T Corporation System

Connie Bryan

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

(Agent must sign on this line)

8. 142nd Street Corp. One IBM Plaza, Suite 2630

Chicago IL 60611  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

142nd Street Corp. One IBM Plaza, Suite 2630, Chicago, IL 60611

*F99000002579*

10. One IBM Plaza, Suite 2630, Chicago, IL 60611  
(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 canceled or withdrawn.

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12 One IBM Plaza, Suite 2630, Chicago, IL 60611

(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 17 day of May, 1999

General Partner  
142nd Street Corp. - G.P. Barry Sidel, Vice President

STATE OF Illinois

COUNTY OF Cook

On this 17 day of May, 1999

Barry Sidel personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

  
(Notary Public Signature)

Laura Hutchinson  
(Notary's Printed Name)

Seal

My Commission Expires:



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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Barry Sidel-Vice President of 142nd Street Corp  
a general partner of 142nd Street Associates L.P., 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 \$ 1,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000

*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 17th day of May, 19 99

  
\_\_\_\_\_  
General Partner  
142nd Street Corp. - G.P.  
Barry Sidel- Vice President

STATE OF Illinois

COUNTY OF Cook

On this 17 day of May, 19 99,

Barry Sidel, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

Laura Hutchinson  
(Notary's Printed Name)



Seal

My Commission Expires