## 1210000000

072100000032 ACCOUNT NO. :

4365321 549376 REFERENCE :

AUTHORIZATION :

\$ 87.50

January 12, 2000 ORDER DATE :

10:59 AM ORDER TIME :

549376-010 ORDER NO. :

NAME:

100003097401 CUSTOMER NO: 4365321

Ms. Britta J. Bolin CUSTOMER:

MANSUR & COMPANY MANSUR & COMPANY 875 N. Michigan Ave.

Chicago, IL 60611

DOMESTIC FILING

CONTINENTAL HOLDINGS II, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

Janna Wilson CONTACT PERSON:

EXAMINER'S INITIALS:



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 13, 2000

JANNA WILSON CSC NETWORKS TALLAHASSEE, FL

SUBJECT: CONTINENTAL HOLDINGS II, LTD.

Ref. Number: W00000001145

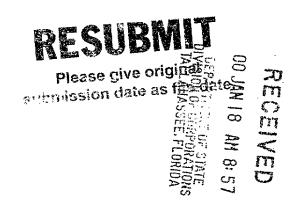
We have received your document for CONTINENTAL HOLDINGS II, LTD. and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

Please make sure that you have listed the correct name for the general partner in Item 8. And note that the general partner has to be registered in Florida.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

**Buck Kohr** Corporate Specialist Letter Number: 800A00001968



## CERTIFICATE OF LIMITED PARTNERSHIP OF

			<b>1</b>
<u> </u>	Continental Holdings II, Ltd.	contain a suffix such as "Limited",	8
и н	(Name of Limited Partnership; must "Ltd.", or "Limited P	artnership")	JAN 18
-			o com
,	875 N. Michigan Avenue, Suite 3620,	Chicago, IL 60611	AMIO: 50
2	(The Business Address of	Limited Partificiality	50
3	E. Barry Mansur (Name of Registered Ager	nt for Service of Process)	
	1117 Schefflera Drive, Captiva, FL	33924	
4. <del>-</del>	(Florida Street Address fo	r Registered Agent)	
		•	
5	Marie	and designation as Registered Age	ent for
5	(Registered Agent must sign here to ac Service of F	Process.)	
		,	
_	875 N. Michigan Avenue, Suite 3620	O, Chicago, IL 60611	
6	(The Mailing Address of	the Limited Partnership.)	
		n dedie Decembe	r 31, 2050
7.Th	ne latest date upon which the Limited Partne	ership is to be dissolved is <del></del>	
		,	
8. 1	NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS	
		875 N. Michigan Avenue #3	620
	Mansur & Company -Florida, Inc.	Chicago, Illinois 60611	`
	121513	0.120-0	
•			
•			

Signed this day of January Signature of all general partners:	, <u>2000</u>	OD JAN 18 AR
General Partner	General Partner	10:50
. General Partner	General Partner	
General Partner		

## **AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

	BEFORE ME, the undersigned, personally appeared E. Barry Mansur S a
	general partner of Continental Holdings II. Ltd. , a (an)  Florida , limited partnership, hereinafter referred to as the "Partnership" who
	Florida , limited partnership, hereinanter referred to as the "Partnership" who
	certifies as follows:
	1. The amount of capital contributions of the limited partners is \$ 1,000.00
-	The state of the s
	2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$1,000.00
	This 10th day of January ,2000
	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
	In to
	STATE OF
	COUNTY OF Cook
	DATE 1/10/2000
	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
	E Barry Mansur (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-
	nwledged to me and before me that he executed this Affidavit as General Partner of said
	partnership.
	IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the
	State and County aforesaid, this 10th day of January, 2000.
	19
	OFFICIAL SEAL & Butter 9 Bolin
	BRITTA J BOLIN Notary Public
	Sparotary Public, State of Human
	MY COMMISSION EXPIRES: 12/16/00 State of
P. Salar	My Commission Expires:  12/16/2000
	1-71W 1000 C