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Ira A. Kipnis, Esq.
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July 6, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
JUL 11 11 12 AM '00
FBI/DOJ

mtm

Re: Application of Pompizzi Family Limited Partnership for Authorization to Transact Business in Florida

7/18

Ladies and Gentlemen:

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***140.00 ***140.00

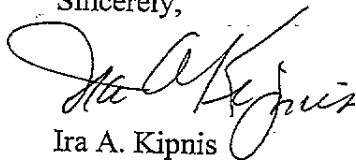
I am enclosing in duplicate the Application of the above-described limited partnership to transact business in Florida and also in duplicate the Affidavit of its General Partner, E. Michael Pompizzi, with respect to capital contributions. I am also enclosing the Partnership's check in the amount of \$140.00 in payment of the fees for transacting business in Florida, for one certified copy, and for the designation of a registered agent.

W-17563

I am the contact person for the above-designated partnership at the address and phone number shown above. Please send the acknowledgment and certified copy to me at that address.

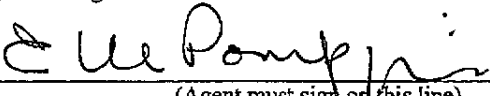
Thank you for your assistance.

Sincerely,


Ira A. Kipnis

IAK/II
Enc.

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

1. Pompizzi 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. Georgia 4. August 10, 1998
(State of Formation) (Date of Formation)
5. E. Michael Pompizzi
(Name of Registered Agent for Service of Process)
6. Unit 7, Key Colony Point, 1133 W. Ocean Drive
(Street Address of Registered Office)
- Key Colony Beach, Florida 33051
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. E. Michael Pompizzi, c/o Jupiter Realty Corporation
6111 Peachtree Dunwoody Road, Bldg. F, Suite 200, Atlanta, GA 30328
(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>E. Michael Pompizzi</u> | <u>255 Sheridan Road, Glencoe, IL 60022</u> |
| <u>Christine F. Pompizzi</u> | <u>255 Sheridan Road, Glencoe, IL 60022</u> |
10. Suite 1500, 919 North Michigan Avenue, 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.

CONTINUED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared E. Michael Pompizzi
a general partner of Pompizzi Family Limited Partnership a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

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.

Signed this 6th day of July, 2000

E. Michael Pompizzi

General Partner E. Michael Pompizzi

STATE OF ILLINOIS

COUNTY OF COOK

On this 6th day of July, 2000

E. Michael Pompizzi, personally appeared before me,

☒ who is personally known to me

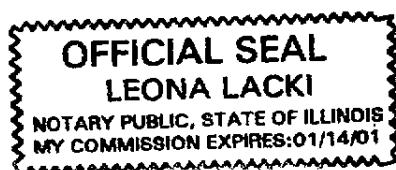
☐ whose identity I proved on the basis of _____

Leona Lacki
(Notary Public Signature)

LEONA LACKI
(Notary's Printed Name)

Seal

My Commission Expires: 1/14/01



The Secretary of State of the State of Florida is appointed agent of the Limited Partnership for service of process if the agent's authority has been revoked or the agent cannot be found or served with the exercise of reasonable diligence.

12. 919 North Michigan Avenue, Suite 1500

Chicago, Illinois 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.

Signed this 6th day of July, 2000

E. Michael Pompizzi

General Partner E. Michael Pompizzi

STATE OF ILLINOIS

COUNTY OF COOK

On this 6th day of July, 2000

E. Michael Pompizzi

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Leonad Lacki

(Notary Public Signature)

LEONA LACKI

(Notary's Printed Name)

Seal

My Commission Expires: 1/14/01

