



B01006600156

ACCOUNT NO. : 072100000032

REFERENCE : 132950 4814512

AUTHORIZATION :

COST LIMIT : ~~\$1937.50~~

FILED
01 MAY -1 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 30, 2001

ORDER TIME : 10:48 AM

ORDER NO. : 132950-010

CUSTOMER NO: 4814512

CUSTOMER: Mr. John A. Socknat
Weiner Brodsky Sidman & Kider
5th Floor
1300 Nineteenth St
Washington, DC 20036

385

Blumfeld 2nd.

700004102377-4

FOREIGN FILINGS

NAME: KH FINANCIAL, L.P.

385
87.50

350
\$8

XXXX QUALIFICATION (TYPE: LP)

437.50

385

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

④

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

h/c 5/1

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY -1 AM 11:27
TO AGENCY OF FILING
132950-010

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

1. KH Financial, L.P.

(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

(State of Formation)

4. July 24, 2000

(Date of Formation)

5. Corporation Service Company

(Name of Registered Agent for Service of Process)

6. 1201 Hays Street

(Street Address of Registered Office)

Tallahassee

(City)

Florida 32301

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company

By: [Signature]

(Agent must sign on this line)

8. 5999 New Wilke Road, Suite 205

Rolling Meadows, Illinois 60008

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

KH Fiancial Holding, Co.

5999 New Wilke Road, Suite 205

F01000002322

Rolling Meadows, IL 60008

10. 5999 New Wilke Road, Suite 205 Rolling Meadows, IL 60008

(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

01 MAY - 1 PM 2:43
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TALLAHASSEE, FLORIDA

12. 5999 New Wilke Road, Suite 205

Rolling Meadows, IL 60008

(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 10th day of April, 2001



General Partner

William Long - Pres. KH Financial Holding, Co.

STATE OF Illinois

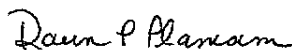
COUNTY OF Cook

On this 10th day of April, 2001

William E. Long personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



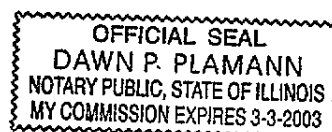
(Notary Public Signature)

Dawn P. Plamann

(Notary's Printed Name)

Seal

My Commission Expires: 3-3-2003



FILED
01 MAY 1 11:24:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

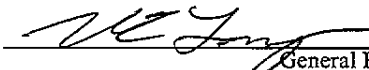
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared William Long - Pres. KH Financial Holding, Co.,
a general partner of KH Financial, 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 \$ 742,500.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 50,000.

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.

Signed this 10th day of April, 2001.



General Partner
William Long - Pres. KH Financial Holding, Co.

STATE OF Illinois
COUNTY OF Cook

On this 10th day of April, 2001,

William E. Long, personally appeared before me,

☒ who is personally known to me

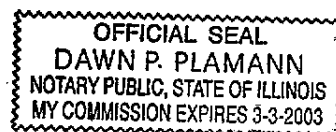
☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Dawn P. Plamann

(Notary's Printed Name)



Seal

My Commission Expires: 3-3-2003

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01 MAY -1 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA