

Document Number Only

395000000319

FILED  
SECRETARY OF CORPORATIONS  
95 SEP -5 PM 1:12

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

LLP9500000319  
-09/07/95--01074--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

LLP9500000319  
-09/07/95--01074--015  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Pfingsten Investment Partnership I, Limited Partnership

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☒ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ After 4:30

☒ Pick Up

Name	
Availability	bic
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

9/5/95 3:00  
9/5/95  
G. TAX \_\_\_\_\_  
FILING 52.50  
R. AGENT FEE 35.00  
C. COPY \_\_\_\_\_  
TOTAL 87.50  
R. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

file 2nd

Florida Department of State, Jim Smith, Secretary of State

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

1. Pfingsten Investment Partnership I, L.P.  
(Name of limited partnership as it is in the home state;)

2. Pfingsten Investment Partnership I, Limited Partnership  
(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. Delaware  
(State of Formation)

4. April 4, 1991  
(Date of Formation)

5. CT 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  
(City)

Florida 33324  
(Zip Code)

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

CT CORPORATION SYSTEM

*Jeffrey H. Terry*  
(Officer must sign on this line)

*Jeffrey H. Terry, Part-Secretary*  
(Type Name and Title of Officer)

8. Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. **NAME OF GENERAL PARTNERS**  
Pfingsten Acquisition Corporation I

**SPECIFIC ADDRESS**  
520 Lake Cook Road, Suite 375  
Deerfield, IL 60015

*F45 000064243*

10. 520 Lake Cook Road, Suite 375, Deerfield, IL 60015  
(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.

12. 520 Lake Cook Road, Suite 375, Deerfield, IL 60015  
(Mailing Address of Limited Partnership)

This 31 day of August, 19 95.

Thomas S. Bagley  
**General Partner**  
Thomas S. Bagley, President of Pfingsten  
Acquisition Corporation I

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP -5 PM 1:12

STATE OF ILLINOIS

COUNTY OF LAKE

THE FOREGOING instrument was acknowledged and sworn to before me this 31 day  
of August, 19 95, by Thomas S. Bagley, President of (Name of General Partner) of  
Pfingsten Acquisition Corporation I, General Partner

Pfingsten Investment Partnership I, L.P.

(Name of Limited Partnership), A Delaware (State or Country) Limited  
Partnership, on behalf of the Limited Partnership.

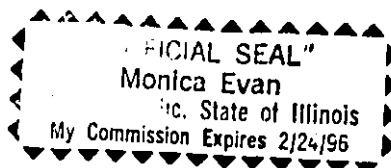
Monica Evan

Notary Public

State of Illinois at Large

(SEAL)

My Commission Expires:  
February 26, 1996



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Thomas S. Bagley, Pres. of Pfingsten Acquisition Corporation I,  
general partner of Pfingsten Investment Partnership I, L.P., a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,139,672.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0

This 31 day of August, 19 95

**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

TSB

STATE OF ILLINOIS  
COUNTY OF LAKE

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 Thomas S. Bagley, Pres. of Pfingsten Acquisition Corporation I (General Partner), known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 31 day of August, 19 95

Seal

Notary Public

Monica Evan

State of Illinois at Large  
My Commission Expires:  
February 24, 1996



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP -5 PM 1:12

FILE OR ON BEFORE DECEMBER 31, 1995 OR FILING  
WILL BE SUBJECT TO REVOCATION AND SANCTION FEE

319  
OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1.** Name of Limited Partnership  
Pfingsten Investment  
Partnership I, L.P.  
d/b/a Pfingsten Investment Partnership I,  
Limited Partnership

**1a.** DOCUMENT #  
B95000000319

DO NOT WRITE IN THIS SPACE

**2.** New Mailing Address If Applicable

Suite Apt # etc

9000011630389

City State & Zip -11/07/95--01022--033

\*\*\*\*191.25 \*\*\*\*191.25

**2a.** New Principal Office Address If Applicable

Suite Apt # etc

City State & Zip

Mailing Address

520 Lake Cook Road  
Suite 375  
Deerfield, IL 60015

Principal Office Address

520 Lake Cook Road  
Suite 375  
Deerfield, IL 60015

If above addresses are incorrect in any way line through the incorrect information and enter correct address in Block 2 and/or 2a

**3.** Date Formed or Registered to Do Business in  
FLORIDA

September 5, 1995

**3a.** Date of Last Report

**4.** State or Country of Formation

Delaware

**5a.** Capital Contributions as Shown  
on Record

\$0

**5b.** Amount of Capital Contributions in  
FLORIDA to date

\$0

**6.** FEI Number

36-3758401

Applied For

Not Applicable

**7.** CERTIFICATE OF STATUS REQUIRED ☐

**8. FEES:** 1.) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50

2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

**9.** Name and Address of Current Registered Agent

CT Corporation System  
c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

**10.** If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite Apt # etc

City

FL

Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11.** Name(s) of General Partner(s)

Pfingsten Acquisition  
Corporation I

**11a.** Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

520 Lake Cook Road  
Suite 375

**11b.** City, State & Zip Code

Deerfield, IL 60015

**11c.** Registration/  
Document Number

B950000004283

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Thomas S. Bagley

DATE

, 1995

Typed or Printed Name of General Partner Signing Form Thomas S. Bagley, President of Telephone Number (708) 374-9140

Gen. Partner

CR2E003 (6/95)



January 24, 1997

Department of State  
Division of Corporations  
109 East Gaines St.  
Tallahassee, FL 32399  
Attn: Diane Cushing

Via Federal Express

RE: Pflingsten Acquisition Corporation  
Pflingsten Investment Partnership I, LP

Dear Ms. Cushing:

Enclosed please find the 1997 annual report filings which were returned to our Deerfield office for disposition. These documents were originally submitted late Sept/early Oct of last year however, were in separate envelopes so they crossed in the mail. Then they were returned to our Deerfield office and had to make their way back here for processing. I called your office and explained the situation and was told to just put all of the documents in one envelope and that you would make sure that they got to the appropriate desk.

Please excuse the delay, I will know in the future that one filing depends on the other and to make sure that they go in the same envelope. To avoid this from happening again, would it be possible to use c/o address or "mailing address" so that the documents will come to our office directly since I am responsible for completing the forms and presenting them for payment - c/o Park Foods, L.P. 511 Lake Zurich Rd. Barrington, IL 60010 Attn Kathryn Nolan

Thank you for your patience and understanding in this matter.

Sincerely,

Kathryn M. Nolan  
Executive Assistant

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB 12 AM 11:00

Address change only

encl.

acc