



THE UNITED STATES
CORPORATION
COMPANY

B99000000432

ACCOUNT NO. : 072100000032

REFERENCE : 460005 4805290

AUTHORIZATION :

COST LIMIT :

\$ 87.50

ORDER DATE : November 3, 1999

ORDER TIME : 11:30 AM

ORDER NO. : 460005-025

300003036603--0

CUSTOMER NO: 4805290

CUSTOMER: Ann Spitler, Paralegal
Sachnoff & Weaver, Ltd.
Suite 2900
30 South Wacker Drive
Chicago, IL 60606

FOREIGN FILINGS

NAME: Y2L, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

FILE 2ND

CONTACT PERSON: Tamara Odom

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
RECEIVED
99 NOV -5 PM 5:44
99 NOV -5 PM 12:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B/K
11/5/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 5, 1999

TAMARA ODOM
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: YSL, L.P.
Ref. Number: W99000025660

RESUBMIT

Please give original
submission date as file date.

11/5/99

FILED STATE
DIVISION OF CORPORATIONS
99 NOV -5 PM 5:14

We have received your document for YSL, L.P. 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:

In addition to the APPLICATION, you must submit an AFFIDAVIT OF CAPITAL CONTRIBUTIONS.

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: 099A00053707

RECEIVED
99 DEC -6 PM 1:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. Y2L, L.P.
(Name of limited partnership as it is in the home state)

2. ~~Y2L INVESTMENTS, LTD~~
(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 4. November 3, 1999
(State of Formation) (Date of Formation)

5. ROBERT J. LIPSIG
(Name of Registered Agent for Service of Process)

6. 350 SOUTH OCEAN BOULEVARD
(Street Address of Registered Office)

BOCA RATON, Florida 33432
(City) (Zip Code)

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

By: [Signature]
(Agent must sign on this line)

8. 350 SOUTH OCEAN BOULEVARD
BOCA RATON, FLORIDA 33432
(Address of registered office required in state of formation or, if not required, address of principal of office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Y2L Management, Corp.</u>	<u>350 SOUTH OCEAN BOULEVARD</u>
<u>F99000005742</u>	<u>BOCA RATON, FLORIDA 33432</u>

10. 350 SOUTH OCEAN BOULEVARD, BOCA RATON, FLORIDA 33432
(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

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STATE
OF FLORIDA
SECRETARY OF CORPORATIONS
NOV 5 1999 PM 5:44

12. 350 SOUTH OCEAN BOULEVARD

BOCA RATON, FLORIDA 33432

(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 15th day of OCTOBER, 19 99

Y2L Management, Corp., General Partner

By:

Its: ~~General Partner~~ President

STATE OF ILLINOIS

COUNTY OF COOK

On this 15th day of OCTOBER, 19 99

Robert J. Lipsig, president of General Partner personally appeared before me,
Y2L Management, Corp.

☒ who is personally known to me

☐ whose identity I proved on the basis of

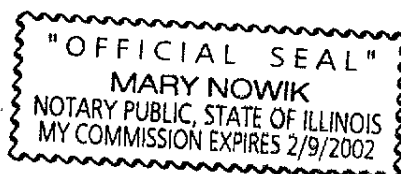
Mary Nowik
(Notary Public Signature)

MARY Nowik
(Notary's Printed Name)

Seal

My Commission Expires:

2/9/2002



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STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 NOV -5 PM 5:44

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Robert J. Lipsig, President of G.P. Y2L Management, Corp.
a general partner of Y2L, L.P., a ~~(XX)~~ Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.

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 22 day of November, 19 99.

Y2L Management, Corp., General Partner

By: [Signature]
Its: General Partner President

STATE OF Illinois

COUNTY OF Cook

On this 22 day of November, 19 99.

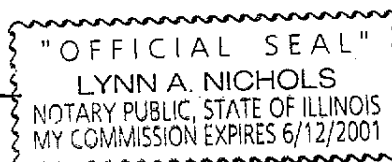
Robert J. Lipsig, President of General Partner, personally appeared before me,
Y2L Management, Corp.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public signature)

Lynn A. Nichols
(Notary's Printed Name)



Seal

My Commission Expires:

99 NOV -5 PM 3:14
DIVISION OF CORPORATIONS
STATE OF ILLINOIS