## UNOFFICIAL COMPOY27255

File Number 6144-994-9

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2001-02-16 12:32:28
Cook County Recorder 25.50



COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MAYWOOD OFFICE

# State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF IDEAL IONE MORTGAGE INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this

day of  $_{\rm JANUARY}$  A.D.  $_{\rm 2001}$  and of the Independence of the United States the two hundred and  $_{\rm 25TH}$  .

Desse White

Secretary of State

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A's check or money order, payable to "Secretary of State."

This space for use by Secretary of State

## FILED

JAN 22 2001

JESSE WHITE SECRETARY OF STATE

### SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date

1,22.0/

Franchise Tax Filing Fee

, \$

Approved:

1. CORPORATE NAME:

IDEAL HOME MORTGAGE INC,

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent:

DONALD First Name

Middle Initial

LOCKETT

Last name

Initial Registered Office:

Númbér 5452 W NORTH ÂVE

Street 60639 Suite #

CHICAGO IL 5063
City ZIP Code

County

3. Purpose or purposes for which the corporation is organized:

(If not sufficient space to cover this point, add one or more sheds of this size.)

The transaction of any or all lawful business for which corporation may be incorporated under the business corporation act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Par Value Class per Share Number of Shares Authorized Number of Shares

Proposed to be Issued

Consideration to be Received Therefor

Common

\$ 1.00

1000

1000

\$ 1,000.00

TOTAL = \$ 1,000,00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

5. OPTIONAL:	(a) Number of directors constitu	iting the initial board	of directors of	the corner	otion:	ag∉ 3 of 3	
0. 0. 7.0, 7.12.	(b) Names and addresses of the	e persons who are	to serve as dir	ectors unti			
	shareholders or until their su				. tiro mot tir	naar mooning o	
	Name	Res	dential Addres	S	City	, State, ZIP	
	Alice Cronin		Hillcrest		Elhear	st, fl. 601	
	Terrance Cronin		Hillcrest			st, Il 601	
	KATHERINE Lockett		S Portsm			ester, 116	
	Donald Lockett	1443	S Portsm	outh	Westch	ester.Iló	
6. OPTIONAL:	(a) It is estimated that the value	of all property to be	owned by the				
	corporation for the following year wherever located will be:						
	(b) It is estimated that the value	of the property to be	ty to be located within		•		
	the State of Illinois during th	e following year will	be:	\$			
	(c) It is estimated that the gros						
	transacted by the corporatio	n during the followir	g year will be:	\$			
	(d) It is estimated that the gros					•	
	rransacted from places of bu	siness in the State o	f Illinois during				
	the following year will be:			\$		<del></del> -	
	Incorporation, e.g., authorizing p		onying cumula	urnetual et	regulating l	ii iterral	
	affairs, voting majority requirement		<u> </u>	-	····	·-	
8.	affairs, voting majority requirements  NAME(S) & A'DDNE		<u> </u>	-			
	NAME(S) & AUDRE	SS(ES) OF INCO	RPORATOR(	S)	•	in the foregoing	
The undersign		SS(ES) OF INCO	RPORATOR(	S)	•	in the foregoing	
The undersign Articles of Incorp Januar	NAME(S) & A'DDNE ned incorporator(s) hereby declara poration are true.	SS(ES) OF INCO	RPORATOR(	S)	•	in the foregoing	
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#### FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.

(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)

The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.
 Illinois Secretary of State
 Springfield, IL 62756
 Department of Business Services
 Telephone (217) 782-9522 or 782-9523