## UNOFFICIAL COMPONIES ON Page 1 of

2001-08-27 16:39:16

Cook County Recorder

25.50

File Number 6116-991-1



# State of Allinois Office of The Secretary of State

Whereas,

. . .

ARTICLES OF INCORPORATION OF

INCORPORATED UNDER THE LAWS O) 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.

JUNE CH 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

and of 2000 A.D. JULY day of the Independence of the United States the two hundred and 25TH

Desse White

Secretary of State

C-212.3

#### **UNOFFICIAL COPY**

Property of Coot County Clert's Office

# UNOFFICIAL COPY 791059

Jesse Wr Secretary Departme Springfiel http://www Payment fied chec nois atto C.P.A's c payable to	y of State ent of Business Services ld, IL 62756 v.sos.state.il.us  must be made by certick, cashier's check, Illinois check or money order, o "Secretary of State."  RPORATE NAME:	<b>,</b>		This space for use by Secretary of State  Date 7-18-00  Franchise Tax \$ 25.00  Filling Fee \$ 700.00  Approved:								
Springfiel http://www Payment fied chec nois atto C.P.A's c payable to	must be made by certick, cashier's check, Illiporney's check, Illiporney's check, Illiporney's check or money order, o "Secretary of State."  RPORATE NAME:	JUL 19 2000  JESSE WHITE SECRETARY OF STATE  MMC, Indian		Secretary of State  Date 7-18-00  Franchise Tax \$ 25.00  Filing Fee \$ 700.00  Approved:								
(T <b>x</b> €	zongorate name musi con	<b>,</b>		"limited" or an abbreviation thereof.)								
2. Initia	al Registered Agent.			CORPORATE NAME:								
		First Name D SSII Highlan Number Palatine IL City	Middle Initial Street County	Suite #  COG7 Zip Code								
(If no	ot sufficient space to cove ne transa prous for nonated to	n the corporation is organized. In this point, add one or more struction of any which corporation and the corporation of any and the corporation is organized.	r or all hations Ilinois	lawful may be Business								
4. Para	Par Value	es, Issued Shares and Consider Number of Shares Authorized	ration Received: Number o Proposed to									
	mmon \$ 1.00	10,000	7,60	00.00 \$1,000.00								
of ea	ach class are:	qualifications, limitations, restrict r this point, add one or more she		TOTAL = \$ elative rights in respect of the shares								

09; 6b=16/00 b99 8ZSZ6Z00

2P.

- A	UNOFF	ICIA	I CO	<b>-9</b> 97973	528 <sub>Fage 2 of</sub>
5. OPTIONAL:	<ul><li>(a) Number of directors constituting</li><li>(b) Names and addresses of the pershareholders or until their succession</li></ul>	the initial boa	ard of directors of re to serve as dire	the corporation:	1
MAIL	Name	R	esidential Address		City, State, ZIP
10,17	Jakurian Aku	Llery _	5511 High	land R	Malinett
	<u> </u>				<u>2000</u>
<del></del>					····
6. OPTIONAL:	(a) It is estimated that the value of a	all property to	be owned by the		
	corporation for the following yea	\$			
	(b) It is estimated that the value of the	ne property to	be located within		
	the State of Illinois during the fol (c) It is estimated that the gross ar	nowing year w	III De: ness that will he	\$	<del></del>
	transacted by the corporation du	iring the follov	ing vear will be	\$	
	<ul><li>(d) it is estimated that the gross ar</li></ul>	nount of busi	ness that will be		
	ransacted from places of busine the following year will be:	ss in the State	of Illinois during	Φ.	
	The string your win be.			<b>3</b> ———	
8.	Attach a separate sheet of this size incorporation, e.g. authorizing preer affairs, voting majority requirements,  NAME(S) & ADDRESS(I	mptive rights, fixing a durat	denying cumulati ion other than per	ve voting, regula petual, etc.	e Articles of ting internal
The undersign	ned incorporator(s) hereby declar (s),		•	=	
Articles of Incorp	poration are true.	under pename	is or perjury, mat i	ne statements m	ade in the toregoing
Dated	Month & Day), G	ear C			
172	Signature and Marge	//	12	Address	
1///	augn't auch	<u>(                                    </u>	J511 HIG	nlano	<u>/</u>
Signatur	Ilun A Ixides		Straet	- <del></del> /	6000 7
(Type or	Print Name)		City/Town	State	60067
2		2.		State	ZIP Code
Signatur	9		Street	7.	
(Type or	Print Name)		City/Town	Class	7100 1
3	<u>,                                      </u>	3	Cityrrown	State	ZIP Code
Signatur	9		Street	U <sub>j</sub> c,	
(Type or	Print Name)	<del></del> -	Cityl Town	State	ZIP Code
(Signatures must	ho in PLACK INTO an add to the				C

(Signatures must be in <u>BLACK INK</u> on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

#### **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 Remainded.)

(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

### **UNOFFICIAL COPY**

Property of Cook County Clerk's Office