## UNOFFICIAL COPY

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Whereas,

SKOKIE OFFICE

ARTICLES OF INCORPORATION OF MORTGAGE CONSULTING SERVICES, 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, George H. Ryan, 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 15T

day of OCTOBER A.D. 19 93 and of the Independence of the United States the two hundred and 18TH.



George H Ryan SECRETARY OF STATES

MAILINGS 4

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ARTICLES OF INCORPORATION

(Flev. Jan.: 1991)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-6961

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

## LED

OCT - 1 1993

GEORGE H. RYAN SECRETARY OF STATE SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date

Franchise Tax

Filing Fee Approved:

1. CORPORATE NAME: \_\_MORTGAGE\_CONSULTING\_SERVICES

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

BARBAPA 2. Initial Registered Agent: LUSKY Middle Initial First Name Last name ∾9933 Lawler 322 Number Street Suite # Skokie 60077 Cook 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 sheets of this rize)

> To do any and all acts necessary and proper pursuant to the Business Corporation Act of 1983, as amended.

174'S Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Ciass	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be neceived Therefor
Common	\$ None	1000	1000	\$ 1,000

TOTAL \$ 1,000

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.)

NONE

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Property of County Clerk's Office

## UNOFFICIAL COPY 9: (a) Number of directors constituting the initial board of directors of the corporation: (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until/their successors are elected and qualify; Residential Address 9035 Kedvale, Skokie, 60076 CORNELIUS DAVIDSON 6. OPTIONAL: (a) It is estimated that the value of all properly 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 located within the State of Illinois during the following year will be: (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: OTHER PROVISIONS 7. OPTIONAL: Attach a separate sheet of this size for any other provision to be included in the Articles of incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S) 8. The undersigned incorporator(s) hereby declare(s, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true. D27 1943 Dated Signature and Name **Address** 9035 Kedvale Sionature CORNELIUS DAVIDSON 60076 Skokie Illinois (Type or Print Name) City/Tow. Signature Street (Type or Print Name) City/Town Zip Code 3. Signature Street (Type or Print Name) City/Town (Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformal 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 and a maximum of \$1,000,000.
- · The filing lee 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
Department of Business Services

Springfield, IL 62756 Telephone (217) 782-6961