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5854-222-9

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DEPT-01 RECORDING

\$25,50

T#6666 TRAN 1374 10/24/95 10:05:00

#8632 + RC \*-95-723407

COOK COUNTY RECORDER

95723407

# State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF MARIO TRICOLI KANSAS CITY, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRITARY 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 10TH

day of OCTOBER A.D. 19 95 and of the Independence of the United States the two

hundred and 20TH



George 4 Ryan

Secretary of State

C-212.2

957234(\*\*

### **UNOFFICIAL COPY**

2.000 CLS6

Property of Coot County Clert's Office

95723407

# BCA-2.10 ARTICLES OF INCORPORATION

(Rev. Jan. 1995)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756

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

OCT 1 6 1885

GEORGE H. RYAN SECRETARY OF STATE SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 10-10-95

Franchise Tax \$25:00

Filing Fee

\$75.00

Approved:

\$100.00

CORPORATE NAME: Mario Tricoci Kansas City, Inc.

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

2. Initial Registered Initial Regi

Mark J. Ballard		
First Name 1 39 S. LaSalle S	Middle Initial t., #808	Last name
:*Number Chicago	Street IL 60603	Suite # 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 size.)

The transaction of any or all lawful businesses for which corporations may be incorporated under the Allinois Business Corporation Act.

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

Par Value per Share Class

Number of Shares Authorized

Number of Shares Proposed to be Issued Consideration to be Received Therefor

Common

NPV

10,000

1,000

7,000.00

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

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5. OPTIONAL:	<ul> <li>(a) Number of directors constituting</li> <li>(b) Names and addresses of the pe shareholders or until their success</li> </ul>	ctors until the first a	rs until the first añnual നുeeting of	
	Name	Residential Address	Ci	ty, State, ZIP
6. OPTIONAL:	(a) It is estimated that the value of a corporation for the following year		\$	
	(b) It is estimated that the value of the State of Illinois during the following the f	e property to be located within	\$	
	(c) It is estimated that the gross an	nount of business that will be	•	
	transacted by the corporation du		\$	
	transacted from places of business in the State of Illinois during the following year will be:		\$	
7. OPTIONAL:	OTHER PROVISIONS  Attach a separate sheet of this size incorporation, e.g., authorizing preer affairs, voting majority requirements,	nptive rights, denying cumulativ	o voling, regulating	rticles of internal
8.	NAME(S) & ALIDRESS(	ES) OF INCORPORATOR(S	)	
The undereign	ned incorporator(s) hereby declare(s).	inder penalties of perium, that the	na statements made	e in the foregoing
	poration are true.	onder penames or perjury, mar u	io siatomonis made	, in the letegoning
Dated Octob	per 2	95		
Daled —	Signature and Name	0/4	Address	
1. Signatur	and tallard	1. 39 S. LaSai Street	lle St. #80	8
	J. Eallard	Chicago, II	60603	
,	r Print Name)	City/Town	State	Zip Code
2 Signatur	· · · · · · · · · · · · · · · · · · ·	2Street		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
* * *	Print Name)	City/Town	State	Zip Code
3 Signatur	е	3 Street	Visc.	
(Type or	Print Name)	City/Town	State	Zip Code
(Signatures must	t be in <b>BLACK INK</b> on original docume	nt. Carbon copy, photocopy or rt	ubber stamp signatu	ires may only be
used on conform NOTE: If a corpor execution shall b	led copies.) ration acts as incorporator, the name of le by its president or vice president and	the corporation and the state of i	ncorporation shall b	e shown and the sistant secretary.
	FE	E SCHEDULE		
represented	ranchise tax is assessed at the rate of in this state, with a minimum of \$25.	of 15/100 of 1 percent (\$1.50 p	er \$1,000) on the p	paid-in capital
<ul> <li>The filing fe</li> <li>The minima</li> </ul>	ee is \$75. <b>um total due</b> (franchise tax + filing fee	n) is <b>\$100.</b>		
(Applies wh	en the Consideration to be Received a	is set forth in Item 4 does not ex	ceed \$16.667)	9
	ment of Business Services in Springfiel retary of State Springfield, IL		ulating the total fees	ir necessary.
	t of Business Services Telephone (21			