

UNOFFICIAL COPY

97656827

File Number 5957-234-2

. DEPT-01 RECORDING \$25.50
. T30004 TRAN 5637 09/05/97 15:07:00
. \$1695 + LM *-97-656827
. COOK COUNTY RECORDER

State of Illinois Office of The Secretary of State

Whereas, ARTICLES OF INCORPORATION OF
COTOCOLE, 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 3RD day of SEPTEMBER A.D. 19 97 and of the Independence of the United States the two hundred and 22ND



George H Ryan

Secretary of State

25⁵⁰
BAM

UNOFFICIAL COPY

EXHIBIT

Property of Cook County Clerk's Office

(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

SEP 03 1997

GEORGE H. RYAN
 SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 9-3-97

Franchise Tax \$ 75.00

Filing Fee \$ 75.00

Approved: [Signature] 100.00

1. CORPORATE NAME: Sotocole, Inc.

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

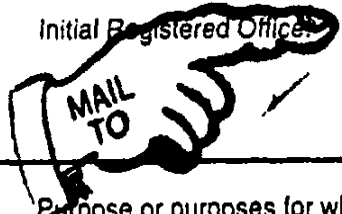
2. Initial Registered Agent: David J. O'Keefe

First Name	Middle Initial	Last name
<u>David</u>	<u>J.</u>	<u>O'Keefe</u>

Initial Registered Office: 222 North LaSalle Street 1910

Number	Street	Suite #
<u>222</u>	<u>North LaSalle Street</u>	<u>1910</u>

City	IL	Zip Code	County
<u>Chicago</u>	<u>IL</u>	<u>60601</u>	<u>Cook</u>



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.)

Any and all purposes for which a business can be organized under the Business Corporation Act.

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

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>Common</u>	<u>\$ NPV</u>	<u>10,000</u>	<u>1,000</u>	<u>\$ 1,000.00</u>
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.)

All shares shall be issued pursuant to a plan provided in Section 1244 of the Internal Revenue Code.

EXPEDITED

(over)

SEP 03 1997

SECRETARY OF STATE

97656827

UNOFFICIAL COPY

C-162.18

- 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

FEE SCHEDULE

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.

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

1. <u>David J. Keefe, Incorporator</u> Signature (Type or Print Name) _____ Street City/Town State Zip Code 1. 222 North LaSalle Street, Suite 1910 Chicago Illinois 60601	1. <u>David J. Keefe, Incorporator</u> Signature (Type or Print Name) _____ Street City/Town State Zip Code 1. 222 North LaSalle Street, Suite 1910 Chicago Illinois 60601
2. _____ Signature (Type or Print Name) _____ Street City/Town State Zip Code	2. _____ Signature (Type or Print Name) _____ Street City/Town State Zip Code
3. _____ Signature (Type or Print Name) _____ Street City/Town State Zip Code	3. _____ Signature (Type or Print Name) _____ Street City/Town State Zip Code

Dated September 2, 19 97

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

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.

7. OPTIONAL: OTHER PROVISIONS

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 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: _____

\$ _____

\$ _____

\$ _____

\$ _____

5. OPTIONAL: (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: _____

Name _____ Residential Address _____ City, State, ZIP _____

72895916