



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

APRIL 23, 2010

6715-105-4

CORP-LINK SERVICES, INC.
118 W EDWARDS ST STE 200
SPRINGFIELD, IL 62704

RE CHICAGOLAND CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF INCORPORATION OF THE ABOVE NAMED CORPORATION. THE CORPORATION IS REQUIRED TO FILE AN ANNUAL REPORT EACH YEAR. BLANK FORMS WILL BE MAILED BY THIS OFFICE TO THE REGISTERED AGENT AS SHOWN BY OUR FILES APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH. (ORIGINAL DATE OF INCORPORATION).

THE REQUIRED FEE OF \$50.00 IN THIS CONNECTION HAS BEEN RECEIVED AND PLACED TO YOUR CREDIT.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY GENERAL. UPON RECEIPT OF THE ENCLOSED ARTICLES OF INCORPORATION, YOU MUST CONTACT THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL, 100 W. RANDOLPH, 3RD FLOOR, CHICAGO, ILLINOIS 60601 TELEPHONE (312) 814-2595.

THE ISSUANCE OF THE ARTICLES OF INCORPORATION DOES NOT ENTITLE THE CORPORATION TO A PROPERTY TAX EXEMPTION. YOU MUST APPLY FOR THAT EXEMPTION THROUGH THE BOARD OF REVIEW IN THE COUNTY WHERE THE REAL ESTATE IS LOCATED.

THE DEPARTMENT OF BUSINESS SERVICES IS NO LONGER ISSUING A CERTIFICATE ATTACHED TO THE ARTICLES OF INCORPORATION AS OF FEBRUARY 15, 2002.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
TELEPHONE (217) 782-6961

ARTICLES OF INCORPORATION

General Not For Profit Corporation Act

Jesse White, Secretary of State
 Department of Business Services
 Springfield, IL 62756
 Telephone (217) 782-9522
 www.cyberdriveillinois.com

FILED**APR 23 2010****JESSE WHITE
SECRETARY OF STATE**

Remit payment in the form of a cashier's
 check, certified check, money order
 or an Illinois attorney's or CPA's check
 payable to the Secretary of State.

File # 6715-105-4

Filing Fee: \$ 50.00

Approved: old

Submit in duplicate

Type or Print clearly in black ink

Do not write above this line

Article 1. The name of the corporation is: Chicagoland Chapter of the National Association of Residential Property Managers (NFP)

Article 2: The name and address of the initial registered agent and registered office are:

Registered Agent Nathan J. BrownRegistered Office 826 West Armitage Ave.

First Name	Middle Name	Last Name
Nathan	J.	Brown

Number	Street	(Suite #) (A P.O. Box alone is not acceptable)
Chicago 60614	IL 60614	Cook

Article 3: The first Board of Directors shall be 4 in number, their names and addresses being as follows: (Not less than three)

Directors Names	Street Address	City	State	ZIP Code
Kelly Dyson	826 West Armitage Ave.	Chicago	IL	60614
Brad Hays	25610 Route 59 Ste 8	Warrenville	IL	60555
Nathan Brown	826 West Armitage Ave.	Chicago	IL	60614
Sean Morrissey	P.O. Box 1295	Aurora	IL	60507

Article 4. The purposes for which the corporation is organized are:

Any purpose permitted to be exempt from taxation under Section 501(c) or 501(d) of the United States Internal Revenue Code, as now in or hereafter amended.

(over)

Article 4. (continued)

Is this corporation a Condominium Association as established under the Condominium Property Act?
☐ Yes ☒ No (Check one)

Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☒ No (Check one)

Is this corporation a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☒ No

Article 5. Other provisions (please use separate page if additional space is needed):

Please see attachment.

Article 6.

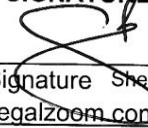
NAMES & ADDRESSES OF INCORPORATORS

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

Dated 4/21, 2010
(Month & Day) (Year)

SIGNATURES AND NAMES

POST OFFICE ADDRESS

1. 
Signature Sheila Dang, Asst. Secretary
Legalzoom.com, Inc., A CA Corporation
Name (please print)
2. _____
Signature
Name (please print)
3. _____
Signature
Name (please print)
4. _____
Signature
Name (please print)
5. _____
Signature
Name (please print)

1. 7083 Hollywood Blvd. Ste. 180
Street
Los Angeles, CA 90028
City/Town State ZIP
2. _____
Street
City/Town State ZIP
3. _____
Street
City/Town State ZIP
4. _____
Street
City/Town State ZIP
5. _____
Street
City/Town State ZIP

(Signatures must be in **BLACK INK** on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the duplicate copy.)

- 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 a duly authorized corporate officer. Please print name and title beneath the officer's signature.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that **it will comply with the State and local laws and ordinances relating to alcoholic liquors.**

FOR INSERTS – USE WHITE PAPER – SIZE 8 1/2 x 11

Attachment to
Articles of Incorporation of
Chicagoland Chapter of the National Association of Residential
Property Managers (NFP)

This corporation is organized exclusively for one or more of the purposes as specified in Section 501(c)(6) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(6) of the Internal Revenue Code.

The Corporation is organized and shall be operated on a not-for-profit basis and exclusively as a business league within the meaning of Section 501 (c) (6) of the Internal Revenue Code (or the corresponding provisions of any future United States federal tax law). The specific purposes of this corporation are: Establish a trade association in the residential property management industry in the metropolitan area of Chicago, IL, and the northwest area in the state of Indiana geographical area. To promote a standard of business ethics, professionalism and fair practices among its members. To establish and promote education of its members. To provide and promote an exchange of ideas regarding residential property management.

Upon the dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(6) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes

No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided by Section 501(h) of the Internal Revenue Code), and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

No part of the net earnings of this corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that this corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these articles.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal

income tax under section 501(c)(6) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(6) of the Internal Revenue Code, or corresponding section of any future federal tax code. Any such assets not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes. This organization is neither organized for profit nor organized to engage in an activity ordinarily carried on for profit, and no part of the net earnings of this organization will benefit any individual

All references to sections of the Internal Revenue Code shall include such sections as of the date hereof and the corresponding section of any future federal tax code.



TriView Property Management
826 W Armitage Ave
Chicago, Illinois 60614
P: 773-572-0900
F: 773-572-0901

FAX

Cover Sheet

Pages:

(Includes Cover Sheet)

To: LEGAL Zoom

Fax: 323-446-7067

Date: 5/3/2010

Re: SS-4 form NEEDED

From: TriView Property Management / NARPM

Fax: 773-572-0901

Phone: _____

Comments: _____

LEGAL Zoom ORDER # 25218208

- ☐ Urgent
- ☐ For Review
- ☐ Please Comment
- ☐ Please Reply
- ☐ Please Recycle

Form SS-4 (Rev. July 2007) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Chicagoland Chapter of the National Association of Residential Property Managers (NFP)	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Nathan J. Brown
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 826 West Armitage Ave.	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Chicago, IL 60614	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located Cook, Illinois	
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	8b If 8a is "Yes," enter the number of LLC members ▶	
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Mutual Benefit <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) if any ▶	
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Mutual Benefit <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
11 Date business started or acquired (month, day, year). See instructions. 04/23/2010		12 Closing month of accounting year
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural 0 Household 0 Other 0		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A		
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Mutual Benefit		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Establish a permanent trade association in the residential property management industry		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Jake Varghese	Designee's telephone number (include area code) (323) 962-8600 x529
	Address and ZIP code 7083 Hollywood Blvd., Suite 180, Los Angeles, CA 90028	Designee's fax number (include area code) (323) 790-1991
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (773) 572-0900
Name and title (type or print clearly) ▶ Nathan J. Brown, Treasurer		Applicant's fax number (include area code) (773) 572-0901
Signature ▶ 		Date ▶ 5/3/2010

Form **SS-4**

(Rev. July 2007)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Chicagoland Chapter of the National Association of Residential Property Managers (NFP)		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name Nathan J. Brown
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 826 West Armitage Ave.		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Chicago, IL 60614		5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located Cook, Illinois		
	7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members ▶
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Mutual Benefit <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Mutual Benefit <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. 04/23/2010		12 Closing month of accounting year	
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
Agricultural 0		Household 0	
Other 0			
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Mutual Benefit			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Establish a permanent trade association in the residential property management industry			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," write previous EIN here ▶ _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Jake Varghese		Designee's telephone number (include area code) (323) 962-8600 x529
	Address and ZIP code 7083 Hollywood Blvd., Suite 180, Los Angeles, CA 90028		Designee's fax number (include area code) (323) 790-1991
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (773) 572-0900	
Name and title (type or print clearly) ▶ Nathan J. Brown, Treasurer		Applicant's fax number (include area code) (773) 572-0901	
Signature ▶ 		Date ▶ 5/3/2010	



April 27, 2010

Nathan J. Brown
Chicagoland Chapter of the National Association of Residential Property Managers
(NFP)
826 West Armitage Ave.
Chicago, IL 60614

Order #25218208

Dear Nathan J. Brown:

Thank you for ordering your Non-Profit Corporation from LegalZoom. Your corporation documents are enclosed in this package.

Your Non-Profit Articles of Incorporation have been filed with the Secretary of State, and your non profit corporation is now active. Please keep in mind organizing as a non-profit organization at the state level does not automatically grant the organization exemption from federal income tax. In general, an organization must file its exemption application also known as the 501 c (3) application, within 27 months from the end of the month in which it was formed. If it does so, it may be recognized as exempt back to the date of formation. If an organization files its exemption application after the 27-month deadline, exempt status may only be recognized from the filing date forward. If you have not asked LegalZoom to prepare the 501 c (3) application, please give us a call at (888)-381-8758 and we would be happy to assist you.

To complete the incorporation process, simply follow these final wrap-up instructions. **It is very important to complete each of these steps to ensure the legality of the corporation.**

1. You have chosen to have members. In your corporate kit there is Membership certificates should be completed and signed by the appropriate persons and delivered to the members.
2. We are awaiting the return of the completed Form SS-4 in order to obtain your Federal Employment Identification Number (FEIN). **Please fill in the officer's social security number on line 7b.** Then, have the officer sign where indicated at the end of the document. Please return the document in the self-addressed envelope provided. Alternatively, you may fax the document to

7757894

April 27, 2010

Cook County Recorder of Deeds
Special Services Division
118 N. Clark Street, Room 120
Chicago, Illinois 60602

Dear Sir or Madam:

Please record the attached Articles of Incorporation. Enclosed is a check for \$40.25 for the recording fee and the return mail fee.

After it has been recorded, please return the Articles to:

Nathan J. Brown
826 West Armitage Ave.
Chicago, Illinois 60614