File Number 6161-721-3



State of Allinois Office of The Secretary of State

Whereas, application for certificate of authority to transact business in this state of

PALERMO VILLA, INC.
INCORPORATED UNDER THE LAWS OF JUE STATE OF WISCONSIN HAS 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, 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

27TH

day of APRIL A.D. 27TH and of the Independence of the United States the two hundred and 25TH .

Desse White

Secretary of State

BOX 179

8873

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C-212.3

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Form **BCA-13.15**

(Rev. Jan. 1999)

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 http://www.sos.state.il.us

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."

APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS

This space for use by Secretary of State

APR 27 2001

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

4-27-01 Date

License Fee

Franchise Tax \$

Filing Fee

Penalties Approved:

BOX 170

(Co	mplete item 1 (b) caly if ti	he corporate name is not a	available in this state.)	
(b)	(By electing this assum	ou name, the corporation l		porate name in the
(a) (b) (c)	Date of Incorporation:_	May 4, 1992		
(a)			(If none, so state	
551	West Historic Mitchell Stre	et	7410 East Estes Avenue	
Milv	vaukee, WI 53204		Elk Grove, IL 60007	
			<u> </u>	
Nan	ne and address of the req	gistered agent and register	red office in Illinois.	
	3	First Name	Middle Name	Last Name
	Registered Office	c/o C T CORPORATION S	YSTEM, 208 S. LaSalle Street	<u>O</u>
	-	Number	Street	Suite #
		Chicago	60604	Cook
	-	City	ZIP Code	County
	(b) (a) (b) (c) (a) 551 Milly	(b) ASSUMED CORP DPA (By electing this assum transaction of business) (a) State or Country of Inco (b) Date of Incorporation: (c) Period of Duration: per (a) Address of the principal 551 West Historic Mitchell Street Milwaukee, WI 53204 Name and address of the reg Registered Agent Registered Office	(b) ASSUMED CORP DRATE NAME: (By electing this assumed name, the corporation transaction of business ir Winois. Form BCA 4.15 (a) State or Country of Incorporation: Wisconsin (b) Date of Incorporation: May 4, 1992 (c) Period of Duration: perpetual (a) Address of the principal office, wherever located: 551 West Historic Mitchell Street Milwaukee, WI 53204 Name and address of the registered agent and register Registered Agent CT CORPORATION SYS First Name Registered Office C/o CT CORPORATION SYMBOLITY Number Chicago	(By electing this assume a name, the corporation hereby agrees NOT to use its cor transaction of business ir !!iinois. Form BCA 4.15 is attached.) (a) State or Country of Incorporation: Wisconsin (b) Date of Incorporation: May 4, 1992 (c) Period of Duration: perpetual (a) Address of the principal office, wherever located: (b) Address of principal off (If none, so state 2416 East Estes Avenue Milwaukee, WI 53204 Elk Grov, IL 60007 Name and address of the registered agent and registered office in Illinois. Registered Agent CT CORPORATION SYSTEM First Name Middle Name Registered Office c/o CT CORPORATION SYSTEM, 208 S. LaSalle Street Number Street Chicago 60604

Wisconsin

6. Names and residential addresses of officers and directors:

	Name	No. & Street	City	State	ZIP
President	Jack Fallucca	551 W. Historic Mitchell St.	Milwaukee, WI	53204	<u></u> .,
	Angelo Fallucca	551 W. Historic Mitchell St			
Director	Giacomo Fallucca	551 W. Historic Mitchell St.	Milwaukee, WI	53204	
Director	Jack Fallucca	551 W. historic Mitchell St.	Milwaukee, WI	53204	
Director	Angelo and Zina Fallucca	551 W. Historic Mitchell St.	Milwaukee, WI	53204	

If more than 3, attach list

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M.Ki

7. Purpose or purposes proposed to be pursued in transacting business in this state.

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

Distribution of Food Products

8. <i>A</i>	Authori	ized and issued shares:			•	
				Number of Shar		
	Class	Series	Par Value	Authorized	Issued	
Class.	Ą		no par value	2,000	1164	
Class 1	В	•	no par value	4,000	2328	
9. F ('	Paid-in "Paid-i	Capital: \$\frac{1.00}{2.00} \text{in Capital} replaces the	terms Stated Capital &	ι Paid-in Surplus and	is equal to the total of these accounts.)	
10. (Sive an estimate of the orporation for the fallow		property* of the	\$ <u>7,000,000</u>	
	(b) G	Give an estimate of the orporation for the follow	total value of all the ping year that will be loo	roperty* of the cated in Illinois:	\$_300,000	
((c) S tr	state the estimated total ransacted by it everywh	al busingss of the cor ere for the rollowing ye	rporation to be ar:	\$_30,000,000	
	` tr	State the estimated ann ransacted by it at or fro linois:	ual business of the co om places of business	rporation to be in the State of	\$ 2,500,000	
11. l	Interro	gatories: (Important – ti	nis section must be cor	npiete/i.)		
((a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: 551 W. History Number of shares of all classes owned by residents of Illinois: -0- Mitchell St. (b) Number of shares of all classes owned by non-residents of Illinois: 3482 Milwaukee, William (c) Is the corporation transacting business in this state at this time? Lo (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:					
12. ·	This ap	oplication is accompanie at ninety (90) days, by the	d by a certified copy of ne proper officer of the	the articles of incorpora state or country where	ration, as amended, duly authenticated, within ein the corporation is incorporated.	
13.	The un under	ndersigned corporation h penalties of perjury, tha	as caused this statemer t the facts stated herei	nt to be signed by its du n are true. (All signatu	uly authorized off.cors, each of whom affirms, ures must be in bLACK INK.)	
	Dated	(Month & L			ermo Villa, Inc. (Exact Name of Corporation)	
;	atteste	, <u>-</u>	etary or Assistant Secr		nature of President or Vice President)	
		Angelo Fallucca			CORO PATTICCA	

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

(Type or Print Name and Title)

When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).

(Type or Print Name and Title)

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