UNOFFICIAL C 2250 TUD55 48 001 Page 1 of 2002-03-06 10:24:19 Cook County Recorder

File Number 6196-340-5

## State of Allinois Office of The Secretary of State

Whereas,

C-212.3

ARTICLES OF INCORPORATION OF PROKOF BUILDERS, 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, 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.

"Und C

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 DECEMBER and of day of A.D. 2001 the Independence of the United States the two hundred and 26TH

Desse White

Secretary of State

_	_ BC	Δ-2 1	0 ARTICLES OF	INCORPC	RATION			
(Rev. Jan. 1999) Jesse White			This space for us	This space for use by Secretary of State Filed 12/26/2001		SUBMIT IN DU	PLICATE!	
Dep Spri	retary of State artment of Bus ngfield, IL 627 //www.sos.state.	56		Jesse White Secretary of State		This space for use by Secretary of State Date   Filed 12/26/2001		
fied nois C.P.	ment must be r check, cashie attorney's c A's check or able to "Secreti	r's check, Ill heck, Illinoi money orde	i- is ir,	CP0674079	F	ranchise Tax \$ iling Fee \$ pprovedBE	25.00	
1.	CORPORA	6	PROKOP BUILDERS, I					
<del></del>	(The corporate	e name ir 's'	contain the word "corporation	n", "company," "	incorporated," "limit	ed" or an abbrevi	ation thereof.)	
	Initial Registered Agent:		MARCIN			PROKOP		
2.			First Name 3625 N. PANAMA	Mic	idle Initial	Last name		
	mmar (togiosa		Number CHICAGO	IL	Street COOK	Suite # 60634 Zip Code		
			City		County	Zip Ci	ode	
3.	Purpose or p (If not sufficie	ont space to o TO TF CORP	which the corporation is orgover this point, add one or RANSACT ANY AND ALPORATIONS CAN BE INCOIS BUSINESS CORPOR	more sheets of L BUSINESS I CORPORATE	FOR WHICH D UNDER THE			
4.	Paragraph 1:	r	Shares, Issued Shares and		4	<u> </u>	ideration to be	
	Class	Par Valu per Shai			Number of S Proposed to be		eived Therefor	
	COMM	\$ 1.00	1,000		1,000	٥	1,000.00	
			<u> </u>	<del>-</del>			<u> </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.)

5. OPŢIONAL:	<ul> <li>(a) Number of directors constituting the initial board of directors of the corporation:</li> <li>(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:</li> </ul>							
	shareholders or until their successor Name	rs are elected and quality: Residential Address	City,	State, ZIP				
	Namo							
				<del></del>				
6. OPTIONAL:	(a) It is estimated that the value of all p	operty to be owned by the						
	corporation for the following year will (b) It is estimated that the value of the p	nerever located will be: \$  Tronerty to be located within	5 <u></u> -					
	the State of Illinois during the follow	ng year will be:	S					
	(c) It is estimated that the gross amou	nt of business that will be	•	•				
	transacted by the corporation during (a) It is estimated that the gross amounts (b) It is estimated that the gross amounts (c) It is estimated that the gross amounts (d) It is estimated that the gross amounts (d) It is estimated that the gross amounts (e) It is estimated that the gross amounts (e) It is estimated that the gross amounts (e) It is estimated that the gross amounts (f) It is estimated that the gross (f) It is estimated the gross (f) It i	nt of business that will be						
	transacted from places of business i	n the State of Illinois during						
	the following year will be:	3	S					
3.	NAME(S) à AUDRESS(ES	OF INCORPORATOR(S)						
The undersig Articles of Incor	ned incorporator(s) hereby de clare(s), uno poration are true.		statements made in t	he foregoing				
The undersig	poration are true.  BER 13 2001	ler penalties of perjury, that the	statements made in t	he foregoing				
The undersig Articles of Incor NOVEM	poration are true.  BER 13  (Month & Day)  Yes	ler penalties of perjury, that the		he foregoing				
The undersig Articles of Incor NOVEM	poration are true.  BER 13 2001	ler penalties of perjury, that the	statements made in t	he foregoing				
The undersignarticles of Incorporated NOVEM	med incorporator(s) hereby de clare(s), uno poration are true.  BER 13 2001  (Month & Day) Yes  Signature and Name	ler penalties of perjury, that the	Address PANAMA	·				
The undersignation of the second seco	med incorporator(s) hereby de clare(s), uno poration are true.  BER 13 2001  (Month & Day) Yea  Signature and Name  N PROKOP	ler penalties of perjury, that the	Address PANAMA	he foregoing  60634  ZIP Code				
The undersignation of the second seco	med incorporator(s) hereby de clare(s), uno poration are true.  BER 13 2001  (Month & Day) Yes  Signature and Name	Jer penalties of perjury, that the  3625.N.  Sireet  CHICAC  Cityl Towge 25 N.	Address PANAMA	60634				
The undersignated NOVEM  Dated Signature MARCIN  (Type of Signature Signatur	med incorporator(s) hereby de clare(s), uno poration are true.  BER 13  (Month & Day)  Yes  Signature and Name  N PROKOP  or Print Name)  Have its	ler penalties of perjury, that the	Address PANAMA GO IL PANAMA	60634				
The undersign Articles of Incorporated Signature (Type of 2. Signature CAMILL	signature and Name  Signature and Name  Or Print Name)	City/Town	Address PANAMA GO IL PANAMA	60634 ZIP Code				
The undersignation of the second of the seco	signature and Name  Signature and Name  PROKOP  Or Print Name)  IFE PROKOP  Or Print Name)	2. Street CHICAC	Address PANAMA GO IL PANAMA	60634 ZIP Code 60634				
The undersignarticles of Incorporated NOVEM  1. Signature MARCIN  CIVPE 0  2. Signartic CAMILL  (Type 0  3. Signartic Signarti	signature and Name  Signature and Name  PROKOP  Print Name)  IFE PROKOP  The Print Name  IFE PROKOP  The Print Name	2. Street City/Town 3. Street	Address PANAMA  GO IL  PANAMA  GO IL  State	60634 ZIP Code 60634 ZIP Code				
The undersignarticles of Incorporated NOVEM  I Signature MARCIN  Clype of Signartic AMILL  (Type	signature and Name  Signature and Name  PROKOP  Or Print Name)  IFE PROKOP  Or Print Name)	City/ Town  3	Address PANAMA GO IL PANAMA	60634 ZIP Code 60634				
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The undersignaricles of Incorporated NOVEM  1. Signatures of MARCIN (Type of Signatures of Captures of	Ined incorporator(s) hereby de clare(s), uno poration are true.  IBER 13  (Month & Day)  Yea  Signature and Name  N PROKOP  Or Print Name)  ITE  PROKOP  Or Print Name)  ITE  Or Print Name)  ITE  St be in BLACK INK on original document med copies )	2. Street City/Town Carbon copy, photocopy or rule.	Address PANAMA  GO IL  PANAMA  GO IL  State  State	60634 ZIP Code ZIP Code  Table Toda  Table Toda  Table Toda  Table Toda  Table Toda				
The undersign Articles of Incorporated NOVEM Dated Signatures of Signatu	signature and Name  N PROKOP  TO Print Name)  Signature and Name  O Print Name	2. Street City/Town Carbon copy, photocopy or rules comporation and the state of in-	Address PANAMA  GO IL  PANAMA  GO IL  State  State  bber stamp signatures corporation shall be signatures	60634 ZIP Code ZIP Code may only be				

- 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. Springfield, IL 62756 Illinois Secretary of State Department of Business Services Telephone (217) 782-9522 or 782-9523 C-162.20