BCA-2.10 (Rev. Jan. 1999) SUBMIT IN DUPLICATE! Jesse White Secretary of State Department of Business Services This space for use by Springfield, IL 62756 Secretary of State http://www.sos.state.il.us Date 10-25-02 JUN 2 5 2002 Payment must be made by certi-Franchise Tax fied check, cashier's check, Illi-75.00 JESSE WHITE Filing Fee nois attorney's check, Illinois C.P.A's check or money order, SECRETARY OF STATE Approved: payable to "Secretary of State." DOMAIN CORPORATION CORPORATE NAME: _ 1. (The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.) Jimes Α. Marino <u>Initial Bé</u>gistered Agent: Last name First Name Middle Initial **Suite 1109** 5521 N Cumberland Avenue Cinitial Registered Office: Suite # Street Number 60656 Chicago Zip Code County Ĉity Purpose or purposes for which the corporation is organized: 3. (If not sufficient space to cover this point, add one or more sheets of this size.) To engage in any lawfull activity permitted Corporations

pursuant to the Business Corporation Act of 1983, as amended.

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

Consideration to be Number of Shares **Number of Shares** Par Value Received Therefor Proposed to be issued Authorized per Share Class \$1,000 100 & None 1,000 Common TOTAL = \$ 1,000.

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 enjoy preemptive rights.



(over)

0020730130

4827/0001 21 001 Page 1 of 2002-07-02 08:30:21 23.50

Cook County Recorder

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 qualific.			
	shareholders or until their successor Name	o are creed afth quality,		. armaar meeting of
		Residential Addres	<u>S</u>	City, State, ZIP
				
6. OPTIONAL:	(a) It is estimated that the value of all processing for the following	oportu to be a video		
	oo poradon for the longwing year whi	Orovor loggical will be	ው	
	(a) was estimated that the value of the pro-	appartit to be leasted with:	\$	
	the State of Illinois during the followir (c) It is estimated that the gross amount transacted by the corporation	M Maar will bar	\$	
	Tangacied by the comoration during	the following	· ·	
	- 19 " " P Compared that the dross amoun	it of business that will i	Ψ	
	uransacted from places of business in the following year will be:	the State of Illinois during		
	yeth will be.		\$	
7. OPTIONAL:	OTHER PROVISIONS			
	Attach a separate sheet of this size for Incorporation, e.g., authorizing preemptive	any other provision to be	included in the	Articles of
	Incorporation, e.g., authorizing preemptive affairs, voting majority requirements, fixing	e rights, denying cumulativ	ve voting, regulatir	ig internal
8.	J. J	a deradon other than per	petual, etc.	
0 .	NAME(S) & ADDRESS(ES) (OF INCORPORATOR(S)	
The undersigned Articles of Incorporate	ed incorporator(s) hereby declare(s) under pration are true.	penalties of perjury, that the	he statements mad	e in the foregoing
Dated	6/P // XS 200			
	Signature and Name			
1. ————————————————————————————————————		1 4521 North	Address	
Oignature	1 Three A mario		Cumpertand AV	enue Suite 1109
(Type or I	Print Name) I MMES IF MARKO	<u> </u>	linois 60656	
2		City/Town	State	Zip Code
Signature	1/	Street		
(Type or P	rint Name)		-,0	•
3	- Trainey	City/Town	State	Zip Code
Signature		3 Street		
(Type or Pr	int Nove			
Signatures must be	in BLACKINK or a detail.	City/Town	State	Zip Code
used on conformed	e in <u>BLACK INK</u> on original document. Car copies.)	bon copy, photocopy or ru	bber stamp signatu	ires may only be
NOTE: If a corporati	ion acts as incorporator, the name of the			• 145 -
execution shall be b	by its president or vice president and verifie	d by him, and attested by	its secretary or ass	e snown and the
	FEE SCH			iotant secretary.
• The initial frame		_		
represented in	nchise tax is assessed at the rate of 15/10 this state, with a minimum of \$25.	00 of 1 percent (\$1.50 pe	r \$1,000) on the p	aid-in capital
 The filing fee is 	s \$75.			- mproses
 The minimum 	total due (franchise tax + filing ton) in the			
(v.bbiie2 Mil6i)	tile Consideration to be Described as and to		ceed \$16 667)	
Illinois Secreta	nt of Business Services in Springfield will properly of State Springfield, IL 62756	rovide assistance in calcul	ating the total fees	if necessary.