

UNOFFICIAL COPY

Form **BCA-2.10** ARTICLES OF INCORPORATION

6234-7279

(Rev. Jan. 1999)  
Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
http://www.sos.state.il.us

This space for use by Secretary of State

**FILED**

JUL 30 2002

JESSE WHITE  
SECRETARY OF STATE

**SUBMIT IN DUPLICATE**

This space for use by Secretary of State

Date 7-30-02

Franchise Tax \$ 25

Filing Fee \$ 75/100

Approved: JW



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1. CORPORATE NAME: Express Cabinetry Inc.

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2002-08-06 09:45:13

Cook County Recorder 23.50

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

2. Initial Registered Agent: Nicholas J. Janis

First Name Middle Initial Last name

9700 W. 131st St.

Initial Registered Office:

Number Street Suite #

Palos Park IL 60464 Cook

City ZIP Code County

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.)

Manufacture, supplier and millwork of cabinetry products for wholesale and retailer.

Related acts of business for profit.

COOK COUNTY  
RECORDER  
EUGENE JAMES MOORE  
MANAGER

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
Common	\$ No par value	10,000	1000	\$ 1000

TOTAL = \$ 1000

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.)

Nicholas J. Janis  
Attorney at Law  
9700 W. 131st Street  
Palos Park, IL 60464  
(708) 923-6100

(over)

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

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: \$ \_\_\_\_\_

7. OPTIONAL: OTHER PROVISIONS  
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.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  
The undersigned incorporator(s) hereby declare(s) under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated July 26, 2002  
(Month & Day) Year

Signature and Name	Address
1. <u>William L. Vranicar</u> Signature William L. Vranicar (Type or Print Name)	1. 1019 James Pass Street New Lenox, IL 60451 City/Town State ZIP Code
2. _____ Signature (Type or Print Name)	2. _____ Street City/Town State ZIP Code
3. _____ Signature (Type or Print Name)	3. _____ Street City/Town State ZIP Code

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

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.

FEE SCHEDULE

- 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.** *Corporation*  
~~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