BCA-2.10 ES OF INCORPORATION

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 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."

This

State

SUBMIT IN DUPLICATE!

This space for use by Jesse White Secretary of State

Filed: 7/18/2002

62338598

Secretary of State

Date

Franchise Tax \$ 25.00

Filing Fee

\$ 75.00

Approved:

PHS

CORPORATE NAME: ICE CREAM INTERNATIONAL, INC.

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

Initial Registered Agent: ALAN

Initial Register

First Name

GABRYS, E.A

Middle Initial NORTH DUNTON AVENUE Last Name

8 1/2 Number

Street

Suite #

ARLINGTON HEIGHTS

COOK

60005

City

County

Zip Code

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.)

FOR THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE ILLINOIS BUSINESS CORPORATION ACT OF 1983, AS AMENDED

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

СОММОИ

\$ 1.00

1000

1000

TOTAL = \$

1,000.00 *

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.)

กกวก880746

9968/0123 33 001 Page 1 of 2002-08-12 14:23:56

Cook County Recorder

23.50

(over)

| 4 · · · | (a) Number of directors constituting the i | hitiar board of directors of the | orporation: | 1 |
|---------------------------------|---|--|------------------------------|---------------|
| 5. OPTIONAL: | (L) Names and addresses of the DelSons | MUD Ste to serve as an enter | s until the first annual mee | eting or |
| | charaholders or until their SUCCESSUR | Sale elected and dogs. | City, State, | |
| i - s - • | Valide | Residential Address 09 S. MUIRFIELD, I | | S 60014 |
| | JAMES F. KOGUT 96 | 0 | | |
| | | | | |
| | | | | |
| 6. OPTIONAL: | (a) It is estimated that the value of all pi | roperty to be owned by the | ^ | |
| | | 616A6L locared Au ne. | \$ | |
| | The Suite actimated that the value of the C | Stobetty to ne incered within | \$ | |
| | the State of Illinois during the follow | IUG A6SI, Mili na | | |
| | (c) It is estimated that the gross amountransacted by the corporation during | the following year will be: | \$ | |
| | transacted by the corporation during (d) It is estimated that the gross amoun | t of business that will be | | |
| | transacted from places of business | in the State of Illinois during | | |
| | the rolloving year will be: | | \$ | |
| 8. The undersi Articles of Inco | gned incorporator(s) hereby declare(s) unporation are true. | 4 | t the statements made in | the foregoing |
| | Signature and Name | 45 | Address | • |
| 1 1 | emas I law | 1, 3,0,0,1,1,1 | UIRFIELD | |
| Sign | fure // | Siget LAKEWOOD | ILLINOIS | 60014 |
| JAME 8 | F. KOGUT | City/ iown | State | Zip Code |
| ~ · · · | or Print Name) | 2. |), | |
| 2 Signa | ture | Street | 74, | |
| • | | City/Town | State | Zip Code |
| | or Print Name) | 3. | O Grant | |
| 3 | A | Street | U/C | |
| Signa | nture | | | 7'a Cada |
| (Type | or Print Name) | City/Town | State | Zip Code |
| | ust be in BLACK INK on original document | | rubber stamp signatures m | |

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.

(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