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Form BCA-2.10 | ARTICLES OF INCORPORATION

County Recorder

26.50

(Rev. Jan. 1999)

T. C. F. A

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 space for use by Secretary of State

JAN 28 2002

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

1-28-02 Date

Franchise Tax \$ Filing Fee

Approved:

1.	CORPORATE NAME: LION ENTERPRISES INC.					
	(The corporate name must	contain the word "corp	oration", "comp	oany,""incorporated," "lir	milarrappreviation thereof.)	
2.	Initial Registered Agent:	AMKER First Name		Middle Initial	Last name	
	Initial Registered Office:	895) Number)_/~:	SILVERDALE Street		
		ORIAND PO	KY IL	County	Sip Code	

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.)

ALL LAWFUL BUSINESIES TRANSACTIONS アトノモ CORPORATION MCORPORATED UNDER FOR WHICH CORPORATION BUSINESS ILLIMOIS

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 Peccived Therefor

1000

1,00 OMMON

<u>000.00</u>

TOTAL = \$

1000.00

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.)

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5. OPTIONAL:	(a) Number of directors constituting the (b) Names and addresses of the personal shareholders or until their successor Name	ons who are to serve as dired	ctors until the first annual meeting of
6. OPTIONAL:	(a) It is estimated that the value of all corporation for the following year with the State of Illinois during the following the State of Illinois during the following the setimated that the gross amount of the set of	wherever located will be: property to be located within wing year will be: ount of business that will be ng the following year will be: ount of business that will be	\$
7. OPTIONAL:	OTHER PROVISIONS Attach a separate sneet of this size Incorporation, e.g., authorizing preem affairs, voting majority requirements, fi	ptive rights, denying cumulati	ve voting, regulating internal
	name(s) & ADDNESS(E) ned incorporator(s) hereby declare(s), un poration are true. 1 - 28 (Month & Day) NAME(S) & ADDNESS(E) New Yes	₹ ∞ ()	
Signatu Trope (Type o	TER KHAN THE Print Name THE HAMMAN ASIF TO Print Name	1. Street Street City/Town 2. Street City/Town 3. Street	Address M. CIOLE RD #112-B 11 GOT14 State ZIP Code 1. SILVERDALE DRIVE PARK 12 GO462 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.

(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

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