## UNOFFICIAL CORPANIA 14 001 Page 1

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	DOA 240	<b>C</b> c
am	DCA-2.10	ARTICLES 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 space for use by Secretary of State

Jesse White Secretary of State

Filed: 8/14/2002

62378069

## SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date

Franchise Tax \$ 25.00 Filing Fee \$ 75.00

Approved: PHS

Bison II, Inc. CORPORATE NAME:

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

2. Initial Registered Agent:

Initial Registered Office:

Cary s. Fleischer First Name Middle Initial Last name 2600 30 S. Wacker Drive Number Street Suite # Chicas Cook 60606 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.)

The transaction of any and all lawful ousiness for which corporations can be incorporated under the Illinois Fusiness Corporaction Act of 1983.

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

Par Value Number of Shares Number of Shar s Consideration to be Class per Share Authorized Proposed to be Issued Received Therefor 10,000 Common \$ None  $\overline{1},000$ 1,000.00 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.)

(over)

, -	(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						
	Name	Residential Address	City, S	tate. ZIP			
. OPTIONAL:	(a) It is estimated that the value of all proper	rty to be owned by the					
	corporation for the following year wherev			<del></del>			
	(b) It is estimated that the value of the prope the State of Illinois during the following y						
	(c) It is estimated that the gross amount of						
	transacted by the corporation during the	following year will be: \$_		<del></del> _			
	(d) It is estimated that the gross amount or ransacted from places of business in the	r business that will be e State of Illinois during					
	ne following year will be:	\$_					
. OPTIONAL:	OTHER PACVISIONS						
	Attach a separate sheet of this size for an Incorporation, a.r., authorizing preemptive raffairs, voting majority requirements, fixing a	ights, denying cumulative vo	oting, regulating inte	es of ernal			
	NAME(S) & ADDRESS(ES) OF			<del></del> _			
The undersid	ned incorporator(s) hereby declare(s), under p		tatements made in t	he foregoing			
	poration are true.			•			
3	rust 12 2002_						
lated <u>Aug</u>	ust 12 2002 (Month & Day) Year						
		Ó.	4440				
· Chi	Signature and Name		ddress sevelt Road,	Ste. 200			
Signatu		SI 3At					
	tine Tani	<u> Vitaaton, Il</u> CitylTovn	6 State	0187 ZIP Code			
(Type o	or Print Name)	2.	3/8/6	211 0000			
Signatu	ire	Street					
(Type o	or Print Name)	City/ Town	State	ZIP Code			
3	Control of the State	3	<u> </u>				
Signatu	ire and a second of the	Street					
(Туре с	or Print Name)	City/Town	Stə'.e	ZIP Code			
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Signatures mu	St be in BLACK HAN OIL Original document. Can	COLL CODY, DISCOCODY OF 1900	ar stamp signes. To.				
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used on conform NOTE: if a corp	poration acts as incorporator, the name of the col	rporation and the state of inco	orporation shall be sh	nown and the			
NOTE: If a com	med copies.) poration acts as incorporator, the name of the column be by its president or vice president and verifie	rporation and the state of inco	orporation shall be sh	nown and the			
NOTE: If a com	poration acts as incorporator, the name of the column be by its president or vice president and verifie	rporation and the state of inco	orporation shall be sh	nown and the			
NOTE: if a corp execution shall	poration acts as incorporator, the name of the column be by its president or vice president and verifie FEE SCH	rporation and the state of inco d by him, and attested by its EDULE	progration shall be sh secretary or assista	nown and the nt secretary.			
NOTE: If a corp execution shall  The initia	boration acts as incorporator, the name of the couple by its president or vice president and verifie  FEE SCH  I franchise tax is assessed at the rate of 15/19	rporation and the state of inco d by him, and attested by its EDULE	progration shall be sh secretary or assista	nown and the nt secretary.			
The initia represent The filing	be by its president or vice president and verifie  FEE SCH  I franchise tax is assessed at the rate of 15/19 ed in this state, with a minimum of \$25.40 fee is \$75.	rporation and the state of inco d by him, and attested by its SEDULE 00 of 1 percent (\$1.50 per \$	progration shall be sh secretary or assista	nown and the nt secretary.			
The initia represent The filing The minity	FEE SCH  I franchise tax is assessed at the rate of 15/16 ed in this state, with a minimum of \$15.40 fee is \$75.  mum total due (franchise tax + filing fee) is \$1	rporation and the state of inco d by him, and attested by its SEDULE 00 of 1 percent (\$1.50 per \$	proporation shall be sh secretary or assista (1,000) on the paid	nown and the nt secretary.			
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The initial represented The filing The minitial (Applies von The Deparation of the Deparation of the The Deparation of t	FEE SCH  I franchise tax is assessed at the rate of 15/10 ed in this state, with a minimum of 325  fee is \$75.  mum total due (franchise tax + filling fee) is \$10 when the Consideration-to be Received as set fortment of Business Services in Springfield, IL 62756	rporation and the state of incoding by him, and attested by its SEDULE 00 of 1 percent (\$1.50 per \$00. forth in Item 4 does not exceed provide assistance in calculate	proporation shall be sh secretary or assista (1,000) on the paid (ed \$16,667)	nown and the nt secretary.			
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402 E. Roosevelt Rd., Ste. 206 Wheaton, IL 60187

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## **UNOFFICIAL COPY**

Property of County Clerking Cl STATE OF ILLINOIS Office of the Secretary of State I hereby certify that this is a true and correct copy, consisting of Little pages, as taken from the original on rullin

this office.



Desse Waite