

Form **BCA-2.10**

ARTICLES OF INCORPORATION

(Rev. Jan. 1995)

This space for use by Secretary of State

SUBMIT IN DUPLICATE!

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

**COOK COUNTY
RECORDER**

Filed 9/11/2002

Please Write Secretary of State

**EUGENE "GENE" MC
BRIDGEVIEW OFFI**

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."

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Date

Franchise Tax \$ 25.00

Filing Fee \$ 75.00

Approved: BE **\$100.00**

1. CORPORATE NAME: CHICAGO COMMERCIAL SERVICES, INC. OF ILLINOIS BE

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

2. Initial Registered Agent: JOHN CONWAY

First Name	Middle Initial	Last name
JOHN		CONWAY

Initial Registered Office: 2500 West 36th Street

Number	Street	Suite #
2500	West 36th Street	

City	IL	60632	Cook
Chicago			Cook

3. Purpose or purposes for which the corporation is organized. 44
 (If not sufficient space to cover this point, add one or more sheets of this size.)
**THE TRANSACTION OF ANY OR ALL LAWFUL PURPOSES FOR WHICH CORPORATIONS
 MAY BE INCORPORATED UNDER THE ILLINOIS BUSINESS CORPORATION ACT OF 1983.**

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

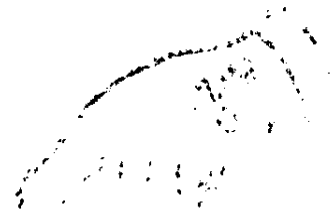
Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ No Par	5,000	5,000	\$ 5,000.00

TOTAL = \$ 5,000.00

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.)

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Property of Cook County Clerk's Office

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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 August 26 ~~19~~ 2002

Signature and Name	Address
1. <u><i>John Conway</i></u> (Signature) <u>JOHN CONWAY</u> (Type or Print Name)	1. <u>2500 West 36th Street</u> (Street) <u>Chicago, Illinois 60632</u> (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**.
(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