

(Rev. Jan. 1995)
George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756

This space for use by Secretary of State

FILED
DEC 19 2002
JESSE WHITE
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State
Date **12-19-02**
Franchise Tax \$ **25-**
Filing Fee \$ **75-**
Approved: **JB 100-**

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."

CORPORATE NAME: **BAIRES DEVELOPMENT CORP.**

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

Initial Registered Agent: **MARC D. SHERMAN**

First Name	Middle Initial	Last name
3700 W. Devon		Suite E

Initial Registered Office:

Number	Street	Suite #
Lincolnwood	60712	COOK

City	Zip Code	County

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 OR ALL LAWFUL PURPOSES FOR WHICH CORPORATION MAY BE CREATED UNDER THE ILLINOIS BUSINESS CORPORATION ACT, AS AMENDED.

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	\$ NPV	10,000	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.)



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C-162578

Department of Business Services Telephone (217) 782-9522 or 782-9523
Illinois Secretary of State
Springfield, IL 62756

- 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.

FEE SCHEDULE

(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.

3. _____ Signature (Type or Print Name)		City/Town _____ State _____ Zip Code _____
2. _____ Signature (Type or Print Name)		City/Town _____ State _____ Zip Code _____
1. _____ Signature (Type or Print Name)		City/Town _____ State _____ Zip Code _____

Address _____
3700 West Devon, Suite E
Lincolnwood, IL 60712
Street _____
Dated _____, 19____
Signature and Name _____
Signature _____
Marc D. Sherman

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

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.

7. OPTIONAL: OTHER PROVISIONS

- (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: \$ _____

6. OPTIONAL:

(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 _____