


UNOFFICIAL COPY

Form BCA-2.10 (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."	ARTICLES OF INCORPORATION This space for use by Secretary of State <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">Filed 5/21/2003</div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%;">Jesse White Secretary of State</div> <div style="text-align: center; margin: 10px auto;">  CP0829348 </div>	62882646 <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 80%; background-color: black; color: white;">SUBMIT IN DUPLICATE!</div> This space for use by Secretary of State Date <div style="border: 1px solid black; padding: 2px;">Filed 5/21/2003</div> Franchise Tax \$ <div style="border: 1px solid black; padding: 2px;">25.00</div> Filing Fee \$ <div style="border: 1px solid black; padding: 2px;">75.00</div> Approved: <div style="border: 1px solid black; padding: 2px;">Total \$100.00</div>
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1. CORPORATE NAME: William Golden, incorporated CF

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

2. Initial Registered Agent: William C. Golden
First Name Middle Initial Last name

Initial Registered Office: 616 N. Fairview Avenue
Number Street Suite #
Mount Prospect IL Cook 60056
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.)

An Illinois Licensed Real Estate Agent' 21



0316050221

Eugene "Gene" Moore Fee: \$26.00
 Cook County Recorder of Deeds
 Date: 06/09/2003 12:37 PM Pg: 1 of 2

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
	\$ 1.00	1	1	\$ 1.00
TOTAL = \$				1.00

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)

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5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: 1
 (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
William Golden	616 N. Fairview Ave	Mount Prospect, Illinois 60056

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: \$ _____

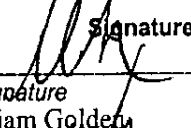
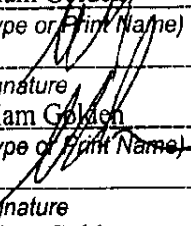
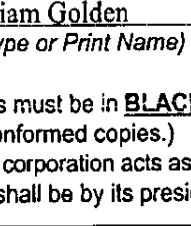
7. **OPTIONAL: OTHER PROVISIONS**

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 March 19, 2013
Month & Day Year

Signature and Name	Address
1. <u></u> Signature William Golden (Type or Print Name)	1. <u>616 N. Fairview</u> Street Mount Prospect Illinois 60056 City/Town State ZIP Code
2. <u></u> Signature William Golden (Type or Print Name)	2. <u>616 N. Fairview</u> Street Mount Prospect Illinois 60056 City/Town State ZIP Code
3. <u></u> Signature William Golden (Type or Print Name)	3. <u>616 N. Fairview</u> Street Mount Prospect Illinois 60056 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

C-162.20