

UNOFFICIAL COPY

Form **BCA-2.10** ARTICLES OF INCORPORATION

62854847

(Rev. Jan. 1999)
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

This space for use by Secretary of State

Filed: 4/29/2003

Jesse White Secretary of State

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

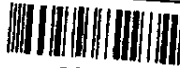
Date Filed: 4/29/2003

Franchise Tax \$ 25.00

Filing Fee \$ 75.00

Approved: DH \$100.00

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."



CP0827616

1. CORPORATE NAME: PLUMBING STAR CORP. DH

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

2. Initial Registered Agent: TOMAS BARTOS
Initial Registered Office: 6055 W. ADDISON
Chicago IL Cook 60634
City County Zip Code

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.)

TO TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS CAN BE INCORPORATED UNDER THE ILLINOIS BUSINESS CORPORATION ACT.

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 |
|-------------|---------------------|-----------------------------|--|---------------------------------------|
| <u>COMM</u> | <u>\$ 1.00</u> | <u>1000.</u> | <u>1000.</u> | <u>\$ 1000.</u> |

TOTAL = \$ 1000.

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.)

This is to certify that this is a true copy of an original document



0315444083
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 06/13/2003 01:54 PM Pg: 1 of 2

(over) *[Signature]*
OFFICIAL SEAL
AGNIESZKA NAGI
NOTARY PUBLIC - STATE OF ILLINOIS
COMMISSION EXPIRES NOV. 13, 2004

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 April 16th 2003
 (Month & Day) Year

| | |
|---|--|
| 1. <u>[Signature]</u> Signature and Name <u>BARBARA BARTOS</u> Signature (Type or Print Name) | 1. <u>5041</u> <u>N. EAST River Rd</u> Street Address <u>Norridge</u> <u>IL</u> <u>60706</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