

# UNOFFICIAL COPY

Form **BCA-2.10** | **ARTICLES OF INCORPORATION**

6290-395-3

(Rev. Jan. 1999)

This space for use by Secretary of State

**SUBMIT IN DUPLICATE!**

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

# FILED

MAY 30 2003

JESSE WHITE  
SECRETARY OF STATE

This space for use by Secretary of State

Date 5-30-03

Franchise Tax \$ 25-

Filing Fee \$ 75-

Approved: *[Signature]* 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."

1. CORPORATE NAME: Archos Restaurant Services, Inc.

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

2. Initial Registered Agent: National Registered Agents, Inc.

First Name	Middle Initial	Last name
208 South LaSalle Street, Suite 1855		
Number	Street	Suite #
Chicago	Cook	60604
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 businesses for which a corporation may be incorporated under the Illinois Business Corporation Act of 1983.**



0318317009

Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 07/02/2003 08:39 AM 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
Common	\$ 0.001	100	100	\$ 1.00
				<b>TOTAL = \$ 1.00</b>

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)

*SV*  
*P2*  
*SK*  
*MV*  
*NGE*

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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

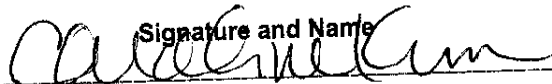
6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (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 May 28, 2003  
 (Month & Day) Year

Signature and Name	Address
1. <u></u> Signature Caroline Kim, Incorporator (Type or Print Name)	1. <u>7083 Hollywood Blvd., Suite 180</u> Street <u>Los Angeles, CA 90028</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