



0331831071

Form **BCA-2.10**
(Rev. Jan. 1999)

ARTICLES OF INCORPORATION

This space for use by Secretary of State

Doc#: 0331831071
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 11/14/2003 11:17 AM Pg: 1 of 2

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"

Filed 10/28/2003

Jesse White Secretary of State

This space for use by
Secretary of State

Date **Filed 10/28/2003**
Franchise Tax \$ **25.00**
Filing Fee \$ **75.00**
Approved **CF** Total **\$100.00**



CP0184654

1. CORPORATE NAME: OFFICE OF C.P.A. AND ASSOCIATES, LTD. **CF**

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

2. Initial Registered Agent:	<u>JERRY</u>	<u>Q</u>	<u>TRAN</u>	
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last name</i>	
Initial Registered Office:	<u>1024 W.</u>	<u>ARGYLE ST.</u>	<u>208</u>	
	<i>Number</i>	<i>Street</i>	<i>Suite #</i>	
	<u>CHICAGO</u>	<u>IL COOK</u>	<u>60640</u>	
	<i>City</i>	<i>County</i>	<i>Zip Code</i>	

29

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.)
TO PRACTICE THE PROFESSION OF ACCOUNTING, RENDERING THAT TYPE OF PROFESSION SERVICE AND RELATED SERVICES ANCILLARY TO:
PROFESSIONAL SERVICE WILL BE RENDERED FROM THE FOLLOWING ADDRESS:
1024 W. ARGYLE SUITE 208
CHICAGO, IL 60640

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 Therefore
COMMON		1	1,000	1,000
<u>COMMON</u>	\$			\$
TOTAL = \$				1,000

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.)

N/A

(over)

UNOFFICIAL COPY

OFFICE OF C.P.A. AND ASSOCIATES, LTD.

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
JERRY TRAN	5127 N. KENTON AVE.	CHICAGO IL 60630

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: \$ 5,000
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ 5,000
 1.0 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ 40,000
 (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: \$ 40,000

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 10-15 2003
(Month & Day) Year

1. Jerry Tran
 Signature and Name
 Signature
 (Type or Print Name)

2. _____
 Signature
 (Type or Print Name)

3. _____
 Signature
 (Type or Print Name)

Address

1. 5127 N. KENTON AVE.
 Street
CHICAGO IL 60630
 City/Town State ZIP Code

2. _____
 Street
 City/Town State ZIP Code

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

C-162.20