UNOFFICIAL GOPY



Whereas,

ARTICLES OF INCORPORATION OF JF ELECTRICAL CONTRACTORS, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILL NOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Vestimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 21st day of NOVEMBER A.D. 19 94 and

of the Independence of the United States
the two hundred and 19TH

George & Ryan

UNOFFICIAL COPY

Property of Coof County Clerk's Office

OFFICIAL COF

4029359

(Rev. Jan. 1991)

George H. Ryan Secretary of State

Department of Business Services

Springfield, IL 62756

Payment must be made by certified check, cashlers check, Illinois attorney's check, Illinois C.P.A's check or money order, payable to "Secretary of State.

This space for use by Secretary of State:

FILED

NOV 21 1994

GEORGE H. RYAN SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date'

Franchise Tax Filing Fee

Approved:

JF Electrical Contractors, Inc. CORPORATE NAME:

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

Initial Registered Agent: 2.

Jane: First ive, no ...

(If not sufficient space to cover this point, add one or more sheets of this lize)

Fiore Middle initia

Lasi namo

Initial Registered Office:

531 Waskiki Onive Number

Street

Zip Code

Cook

Suite #

County.

Purpose or purposes for which the corporation is organitied:

Des Plance: ILL60016

The transaction of any or all lawful purposes for which corporations may be incorporated under the Illinois Business Corporation Act 1983. of:

DEPT-01 RECORDING

\$25.50

740012" TRAN 8459 12/08/94 15:37:00

\$1767 + SK *-04-029359

COUN COUNTY RECORDER.

Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class

3.

Par Value per Share Number of Shares Authorized

Number of Shares Proposed to be Issued

Consideration to be Riceived Thereior

Common

none

10,000

1,000

s 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.)

N/A

(over)

east:	(a) Number of directors constituting the	CIAL COF	ho compressions th	ر اهناري
5. UP HONAL.	shareholders or until their success	ons who are to serve as one ors are elected and qualify:	ciois uniii the hist a	unuai meeling oi
	Name Jane A. Fiore, 531 Waiki	Residential Address		y, Slalo, ZIP 6
	Steven J. Fiore, 531 Wat	kiki Drive, Des P	laines, IL 60	
•				
O ODTIONAL				·
6. OPTIONAL:	 (a) It is estimated that the value of all p corporation for the following year w 		\$	
	(b) It is estimated that the value of the			
	the State of Illinois during the follow		\$	
	 (c) It is estimated that the gross amo transacted by the corporation durin 		s	
	(i) It is estimated that the gross amo		~	
	transacted from places of business			
	the following year will be:		\$	
8.	Incorporation, e.g., authorizing preemp affairs, voting majorit, requirements, fix NAME(S) & ALORESS(ES	ding a duration other than per	petual, etc.	internal
Articles of Incom	ned incorporator(s) hereby declare(s), unporation are true. mber 15, 19 94 Signature and Name	C _O ,	the statements made	in the foregoing
Signature	* C C	Stroet		
Jane	A. Fiore		es, IL 60016	
	Print Name) 30 •	City/ 'own	State	Zip Code
2. Signature		2. Street	/	
(Type or F	Print Name)	City/Town	State	Zip Code
3	هي وين دين ويوني وين بين بين اين البروي وين البرائي والبرائي والبرائي والمراف والمناف الفاح المام والموجود والمناف المام والموجود والمناف المام والموجود والمناف والموجود والمناف والموجود والمناف والموجود والمناف والموجود والمناف والمن	Street		
(Type or F	Print Name)	Clty/Town	State	Zip Code
NOTE: If a corpora	in ink on original document. Carbon copy, photoc ation acts as incorporator, the name of the co sident or vice president and verified by him, a	rporation and the state of incorp	oration shall be shown	
AMERICAN AND AND ASSESSMENT OF THE PROPERTY OF	FEE	SCHEDULE		
a The latted for	•			
	anchise tax is assessed at the rate of 15/100 o minimum of \$25.	in percent (\$1.50 per \$1,000) or	тив рвисчи сарпатер	resented in Inis

- The filing lee 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 Department of Business Services Springfield, IL 62756 Telephone (217) 782-9522 782-9523