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FORM **BCA 2.10** (rev. Deg. 2003) ARTICLES OF INCORPORATION

**Business Corporation Act** 

Jesse White, Secretary of State Department of Business Services



Doc#: 0404150194 Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 02/10/2004 10:13 AM Pg: 1 of 2

Springfield, IL 62756 Telephone (217) 782-9522 (217) 782-6961 http://www.cyberdriveillinois.com

ilin	NOTE 1 TO DETERMINE FE		175.00 File # 6330477	Approved: CF		
	Submit in duplica	ate — Type or Print	clearly in black ink			
•	CORPORATE MANIE	AUTONE	7 EXCHNOE	/NC.		
	(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)					
	Initial Registered Agent:	GERROE	PA	PAPPAS		
•	Initial registered Agent.	First Name	Middle Initial	Last name		
	Initial Registered Office:		reet Suite # (A P.O. B	Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE,		
		City	ZIP Code			
<b>.</b>	Purpose or purposes for the control of the control	cover this point, add one	or more snests of this size.)	CP0399255		
J.	Purpose or purposes for the control of the control	cover this point, add one	or more snests of this size.)	CP0399255		
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	(If not sufficient space to THA Sollar Solla	Shares, Issued Shares an	or more sneets of this size.)  There is a size.  There is a size.			
	(If not sufficient space to	Shares, Issued Shares at Number of Shares Authorized	or more sneets of this size.)  There is a size.  There is a size.  There is a size.  Number of this size.  Proposed to be issued	Peceived Therefor		

(over)

C-162.23

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5. OPTIONAL:	<ul><li>(a) Number of directors constituting the initial board of directors of the corpora</li><li>(b) Names and addresses of the persons who are to serve as directors until shareholders or until their successors are elected and qualify:</li></ul>				
	Name	City, State, ZIP			
	GEORGE PAPPAS	1243 NW Hr	ny PKPG	<del></del>	
	CONSTRUCTOR PAPAGES		ECPC+API	of Orland Ph	
		13853		<u> </u>	
6. OPTIONAL:	(a) It is noticed that the value of all ave	anarty to be expect by the			
O. OF HONAL.	<ul> <li>(a) It is estimated that the value of all pro- corporation for the following year whe</li> </ul>				
	(b) It is estimated that the value of the pro				
	the State of Illinois during the followin	· ·	•.		
	(c) It is estimated that the gross amoun				
	transacted by the corporation during t				
	(d) It is estimated that the gross amoun				
	cansacted from places of business in	the State of Illinois during			
	ne following year will be:	\$-			
	Attach a separate sheet of this size for Incorporation, e.g., authorizing preemptive affairs, voting majority requirements, fixing	e rights, denying cumulative	voting, regulating i	nternal	
3.	NAME(S) & ADDPESS(ES)	OF INCORPORATOR(S)			
Dated	Signature and Name  WAYYER  PAPPAS	C	Address h West /	Fuy 60068	
(Type of	r Print Name)	City/Town	State	ZIP Code	
2	<u> </u>	2			
Signatui	re	Street	•		
(Type or	r Print Name)	City/Town 3.	State	ZIP Code	
Signatui	re	Street	$O_{x_{-}}$		
(Type or	r Print Name)	City/Town	Ste'.e	ZIP Code	
Signatures mus	st be in <b>BLACK INK</b> on original document. C	Carbon copy, photocopy or rub	ber stamp signatur	es may only be	
NOTE: If a corpo	oration acts as incorporator, the name of the obe by a duly authorized corporate officer. Ty	corporation and the state of inc ype or print officer's name and	corporation shall be title beneath sign	shown and the ature.	
(\$1.50 per \$1,	chedule chise tax is assessed at the rate of 15/100 of 1 (000) on the paid-in capital represented in th ial franchise tax is \$25)	t percent <u>A u7</u> nis State.	(Firm name)	KCHANGE I	
The filing fee i	is \$150	120	+3 North	\	
The minimum	n total due (franchise tax + filing fee) is \$17	75. <u>P4-</u>	(City, State, ZIP Co		