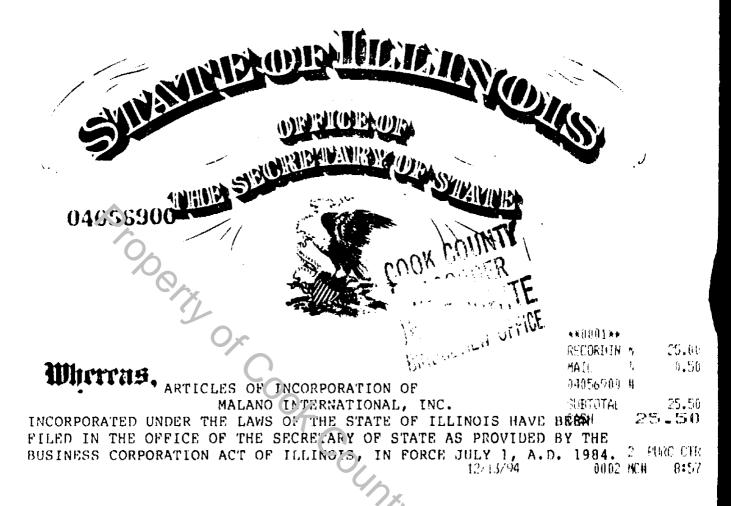
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ile Number 580g-013-9



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 Testimony 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 19TH day of OCTOBER A.D. 1994 and of the Independence of the United States 150 the two hundred and 19TH 1974.

04056900

George & Ryan SECRETARY OF STATE

UNOFFICIAL COPY

	DUM.	2.10	ARTICLES OF INCOF	RPORATION					
(Rev. Jan. 1991) George H. Ryan Secretary of State Department of Business Services Springfield, IL. 62756 Payment must be made by certified theck, cashler's check, Illinois attorney's check, Illinois C. P.A's check or money order, payable to "Secretary of State"			FILED	SUE	SUBMIT IN DUPLICATE!				
			OCT 191994 GEORGE H. RYAN SECRETARY OF STATE	Filing Fe	This space for use by Secretary of State Date 10.19-99 Franchise Tax \$ 3 5.00 Filing Fee \$ 75.00 Approved: 100.00				
١.	CORPORATE	NAME: M	alano Intern	ational IInc					
	(The corporate name	3 must contain the	word "corporation", "company," "incorp	oraled," "limited" or an abbreviation	thereof.)				
· · · · · · · · · · · · · · · · · · ·	thitial Register	Agent:	Sam		Saa				
		- Fin	First Name 13066	Middle Initial	Last name				
10	Initial Registered	Office:	Number	Street	Sulte #				
<u> </u>			LOCKPORT	60441	Will				
			(C(1))	Zip Code	County				
	(If not sufficient spac	e to cover this po	the corporation is organized: int, add one or more sheets of this size; office of any cr orporation 2 n		Purposes or sted				
			Illino, s cor		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	Convideration to be Received Therefor				
	Common \$	NPY	1000	500	\$ 1000				

04056900

5. OPTIONAL	(a) Number of directors constitute (b) Names and addresses of the shareholders or until their shame	the persons who are successors are elect	lo serve as ed and qualif denial Address	directors until the h ly:	rst annual meeting c
6. OPTIONAL:	(a) It is estimated that the value corporation for the following (b) It is estimated that the value the State of Illinois during the Corporation (d) It is estimated that the growing state of Irlinois and Illinois Ill	g year wherever local e of the property to be he following year will loss amount of busing on during the following loss amount of busing	ited will be: s located will be: ess that will ng year will bess that will	\$ \$ be e. \$ be	
7. OPTIONAL:	OTHER PROVISIONS Attach a separate sheet of the Incorporation, e.g., authorizing affairs, voting majority requirem	preemptive rights, d	enying cumu	lative voting, regula	e Articles of aling internal
The undersign Articles of Incorporated		19 74 0	of perjury, th		nade in the foregoing
Signature	\mathcal{L}		51.30	·	r + 1 (4)
(Type or F 2. Signature	Print Name)	2	City/Tow i	State	Zip Code
(Type or P	rint Name)		City/Town	Sale	Zıp Code
3Signature		3	Stroet	——————————————————————————————————————	
NOTE: # a corpora	nnt Name) in ink on original decument. Carbon copy flori acts as incorporator, the name o ident or vice president and verified b	y, pholocopy or rubber sta of the corporation and the	ne state of inco	progration shall be sho	Zip Code lifet not copies) own and the execution
	nchise tax is assessed at the rate of t	FEE SCHEDULE			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 Department of Business Services

Springfield, IL 62756 Telephone (217) 782-9522 782-9523