INOFFICIAL COPY

FORM BCA 2.10 (rev. Dec. 2003) ARTICLES OF INCORPORATION

Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-9522 (217) 782-6961

Doc#: 0422634017 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 08/13/2004 11:38 AM Pg: 1 of 2

http://w	ww.cyberdriveillinois.com								
	CP0926341 s che	3CK	ite Secretary		14				
payable SEE N	e to the Secretary of State. OTE 1 TO DETERMINE FEI	- 51	FILED: 8	175.00		63728764	Approved	: Pl	
	Fee: \$150 .0 Franchise Tax	te ————T	ype or Print clearly	in black ink-		Do not write above thi			
	CORPORATE NAME:								
-((The corporate name must	omitain the word	l "corporation", "	company,"	"incorporat	ed," "limited" or ar	abbreviation there	of.)	
2.	Initial Registered Agent:	Bradiey J. A First I lame			iddle Initial		Last name	, <u> </u>	
	Initial Registered Office:	105 West A Number Chicago	c'ams Street Street		Suite # 60603	(A P.O. BOX ALC	ONE IS NOT ACCEPTA Cook	ABLE)	
		City			ZIP Code		County		
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 or all lawful businesses for which corporations may be incorporated under the Illinois Business								
	The transaction of any or	ali lawful busin	esses for which	corporrais	ons may be	incorporated und	der the IIIInois bus	111699	
	Corporation Act.				(%)	<u> </u>			
4.	Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:								
	Class	Number of Sha Authorized	res		nber of Sha sed to be l		Consideration to Received There	efor	
	Common	1,000			100		\$ 1,000.	<u>ao</u>	

C-162.24

of each class are:

(over)

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

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares

		L COPY	.
	(a) Number of directors constituting the initial b	poard of directors of the corp	oration:
5. OPTIONAL:	(a) Number of directors constituting the initial L	are to serve as directors ut	til the first annual meeting of
5. OPTIONAL	 (a) Number of directors constituting the initial b (b) Names and addresses of the persons who shareholders or until their successors are expenses. 	elected and qualify:	City, State, ZIP
	shareholders or until their successors and	Address	City, State, 2
	Name		
		the armod by the	
- OPTIONAL:	(a) It is estimated that the value of all property	to be owned by the	
6. OPTIONAL:	(a) It is estimated that the value of all property corporation for the following year wherever	to be located within	
	(b) It is estimated that the value of the proport	ar will be: \$-	
	the State of Illinois during the tonorms of	husiness that will be	
	(c) It is estimated that the gross amount of	ollowing year will be: \$-	
	transacted by the corporation out of	business that will be	
	(d) It is estimated that the gross amount of transacted from places of business in the	State of Illinois during	
	transacted from places of business	\$ _	
	the following year will be:		
7. OPTIONAL	Attach a separate sheet of the transfer incorporation, e.g., authorizing preemptive raffairs, voting majority requirements, fixing a	duration other than perpetu	oting, regulating internal al, etc.
	NAME(%) & ADDRESS(ES) OF	: INCORPORATOR(S)	fair
8.	NAME(\$) & ADDRESS(ES) Or signed incorporator(s) hereby declare(s), under providing or the	enalties of perjury, that the s	statements made in the foregoing
The unders	signed incorporator(s) here by declare(s), under p	Status - F 7 V	
Articles of Inc	orporation are true.		
	August 12 2004		
Dated	(Month & Day) Year		
		ı	Address
1	Signature and Name	1. 2201 South Hals	ted, Suite 3-4-N
. //	7-1	Street	
Signt	Sture /	Chicago, Illinois	60608 ZIP Coo
Keith (Clayton	CitylTown	State ZIP Coo
(Typ	e or Print Name)	2.	
2.		Street	
Sign	ature		State ZIP Co
		CitylTuwn	21319
(Тур	e or Print Name)	3	
3	4	Street	•
Sigr	nature	CitylTown	State ZIP Co
TVI	oe or Print Name)	•	Vic.
(17)	must be in BLACK INK on original document. C	arbon conv. nhotocopy or ru	bber starn signatures may only
/Signatures	must be in BLACK INK on original document. C	GINOII CONT. Princeson	Will a share and
used on co	must be in <u>BLACK INN</u> or original documents of the corporation acts as incorporator, the name of the corporation acts as incorporator, the name of the corporate officer. The burner of the corporate officer.	comporation and the state of i	ncorporation stall be snown and
NOTE: If a	nformed copies.) corporation acts as incorporator, the name of the corporate by a duly authorized corporate officer. T	vpe or print officer's name a	nd title beneath signature.
execution s	hall be by a duly authorized corporate officer.	/r ·	
		Note	2. Return to:
Note 1. F	ee Schedule	_	rshenSlobigGendenDragut
Note 1.1 The initial	ee Schedule franchise tax is assessed at the rate of 15/100 of		(Firm name)
(#4 ED a)	or \$1 000) on the paid-in Capital Topicos.	Bri	adley J. Axel
(Minimur	n initial franchise tax is \$25)	y 2 - 2	/Attention)
		10 ger	5 West Adams, Suite 3200 (Malling Address)
The filing	g fee is \$150	/ Am ~	nicago, Illinois 60603
	almum total due (franchise tax + filing fee) is \$1	75. / 🖳 <u>Cr</u>	(City, State, ZIP Code)
The min	lmum total que (Hariolise las 7 linis 1927)	18 73	1
		130	