



FORM **BCA 2.10** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
Business Corporation Act

Doc#: **0430318119**
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 10/29/2004 02:10 PM Pg: 1 of 2

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-9522
(217) 782-6961
http://www.cyberdriveillinois.com

Jesse White Secretary of State

Remit payment in the form of a cashier's
check, certified check, money order



A's check
date.
IE FEES!

DATE FILED: 10/27/2004

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 63846589 Approved: PHS
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: DAMEN COMMERCIAL CORPORATION

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

2. Initial Registered Agent: JOHN E. LOVESTRAND
First Name Middle Initial Last name

Initial Registered Office: 19 S. LaSalle Street, Suite 900
Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)
Chicago IL 60603 Cook
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 Corporation Act.

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

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1,000	100	\$ 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.)

NONE

UNOFFICIAL COPY

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: _____
 (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	Address	City, State, ZIP

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

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 October 15, 2004
(Month & Day) Year

Signature and Name	Address
1. <input checked="" type="checkbox"/> Signature JAKUB KOSIBA (Type of Print Name)	1. 1811 W. North Avenue Street Chicago, Illinois 60622 City/Town State ZIP Code
2. Signature JOSEPH A. ANNUNZIO (Type or Print Name)	2. 1811 W. North Avenue Street Chicago, Illinois 60622 City/Town State ZIP Code
3. _____ Signature (Type or Print Name)	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 a duly authorized corporate officer. Type or print officer's name and title beneath signature.

Note 1: 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. (Minimum initial franchise tax is \$25)

The filing fee is \$150

The minimum total due (franchise tax + filing fee) is \$175.

Note 2: Return to:

PALMISANO & LOVESTRAND
(Firm name)
John E. Lovestrand
(Attention)
19 S. LaSalle, Suite 900
(Mailing Address)
Chicago, Illinois 60603
(City, State, ZIP Code)

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