

UNOFFICIAL COPY

FORM BCA 2.10 (PSCA) (rev. Dec. 2003)
ARTICLES OF INCORPORATION
Professional Service Corporation



Doc#: 0432848117
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 11/23/2004 11:03 AM Pg: 1 of 2

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



Cashier's
check

Jesse White Secretary of State

Payable to the Secretary of State.

SEE NOTE 1 TO DETERMINE FEES!

DATE FILED: 10/6/2004

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 63825557 Approved: PHS

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: Patrick J. Ahern, J.D., L.C.S.W., P.C.

(The corporate name must end with one of the following words or abbreviations: "Chartered", "Limited", "Ltd.", "Professional Corporation", "Prof. Corp." or "P.C.")

2. Initial Registered Agent:	Edward	J.	Schoen, Jr.
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last name</i>
Initial Registered Office:	15030 S. Ravinia Ave.	Ste. 30	
	<i>Number</i>	<i>Street</i>	<i>Suite #</i> (A P.O. BOX ALONE IS NOT ACCEPTABLE)
	Orland Park	IL	60462 Cook
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

3. Purpose or purposes for which the corporation is organized:
Professional Corporation: To practice the profession of Licensed Clinical Social Work, rendering that type of professional service and services ancillary thereto.

Professional service will be rendered from the following address(es):

2210 Dean St., Ste. 0-1	St. Charles	Illinois	60175
<i>(Number and Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>

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	10,000	1,000	\$ 1000.00
			TOTAL = \$ 1000.00

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.)

SY
P2
SN
M.Y.
10/14/04

UNOFFICIAL COPY

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: 1
 (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
Patrick J. Ahern	710 E. Illinois St.	Wheaton, Ill. 60187

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 Oct 5, 2004
 (Month & Day) Year

Signature and Name	Address
1. <u><i>Patrick J. Ahern</i></u> Signature Patrick J. Ahern (Type or Print Name)	<u>710 E. Illinois St.</u> Street <u>Wheaton, Ill. 60187</u> City/Town State ZIP Code
2. _____ Signature (Type or Print Name)	2. _____ Street 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: The incorporator must be either one or more persons licensed pursuant to the relevant profession or an Illinois attorney.

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:
Edward J. Schoen, Jr., P.C.
 (Firm name)
Edward J. Schoen, Jr.
 (Attention)
15030 S. Ravinia Ave., Ste. 30
 (Mailing Address)
Orland Park, Ill. 60462
 (City, State, ZIP Code)