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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
 http://www.cyberdriveillinois.com



Doc#: 0529945111 **Fee:** \$26.50
 Eugene "Gene" Moore
 Cook County Recorder of Deeds
 Date: 10/26/2005 01:14 PM Pg: 1 of 2

Present in the form of a cashier's check
 by order of Jesse White Secretary of State
 A's check State. CP0696567 FILED: 9/16/2005

SEE NOTE 1 TO DETERMINE FEES!

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 64472909 PHS Approved: _____
 Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. **CORPORATE NAME:** J.N DRUGS WHOLESALE CO. , LTD.

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

2. **Initial Registered Agent:** JENNIFER PHAM

First Name	Middle Initial	Last name
JENNIFER		PHAM

Initial Registered Office: 9238 ... Sanchez Ave

Number	Street	Suite #	(A P.O. BOX ALONE IS NOT ACCEPTABLE)
9238	Sanchez		
Morton Grove	IL	60053	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.
 To operate a Wholesale Drug Distributor.

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	\$ 1,000
			TOTAL = \$ 1,000

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.)

N/A

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5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: 01
 (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
Jennifer Pham	9238 Natchez Ave	Morton Grove IL 60053

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

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 September 16, 2005
(Month & Day) Year

Signature and Name	Address
1. <u>Jennifer Pham</u> Signature <u>JENNIFER PHAM</u> (Type or Print Name)	1. <u>9238 Natchez Ave</u> Street <u>Morton Grove IL 60053</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: 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:

(Firm name)

(Attention)

(Mailing Address)

(City, State, ZIP Code)