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Doc#: 0532155188 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 11/17/2005 11:57 AM Pg: 1 of 2

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>



CP0341862

Cashier's order
payable to the Secretary of State.
SEE NOTE 1 TO DETERMINE FEES!

Jesse White Secretary of State

FILED: 3/29/2005

HS

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 64149261 Approved: _____
Submit in duplicate _____ Type or Print clearly in black ink _____ Do not write above this line _____

1. CORPORATE NAME: TOTAL DESIGN ; INC.

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

2. Initial Registered Agent: EDA LATOCHA
First Name Middle Initial Last name
Initial Registered Office: 3127 N. OAK PARK AVE.
Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)
CHICAGO IL 60634
City ZIP Code County COOK

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
<u>COMMON</u>	<u>10,000</u>	<u>1000</u>	<u>\$ 1000</u>
			TOTAL = \$ 1000

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.)

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5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: 2
 (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
JANUSZ PIECHA	10125 MEADOW LN	DES PLAINES; IL 60016
ROBERT WCISLO	2202 N. VERDE DR.	ARUNGTON HTS; IL 60004

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 03-29, 2005
(Month & Day) Year

Signature and Name	Address
1. <input checked="" type="checkbox"/> <small>Signature</small> <u>JANUSZ PIECHA</u> <small>(Type or Print Name)</small>	1. <u>10125 MEADOW LN</u> <small>Street</small> <u>DES PLAINES; IL 60016</u> <small>City/Town State ZIP Code</small>
2. <input checked="" type="checkbox"/> <small>Signature</small> <u>ROBERT WCISLO</u> <small>(Type or Print Name)</small>	2. <u>2202 N. VERDE DR.</u> <small>Street</small> <u>ARUNGTON HTS; IL 60004</u> <small>City/Town State ZIP Code</small>
3. _____ <small>Signature</small> _____ <small>(Type or Print Name)</small>	3. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>

(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:

PRO FINANCIAL INC
(Firm name)
EVA LATOCHA
(Attention)
7512 W. BELMONT
(Mailing Address)
CHICAGO; IL 60634
(City, State, ZIP Code)