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



0605349012

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62758
Telephone (217) 782-6522
(217) 782-6981
http://www.cyberdriveillinois.com

Doc#: 0605349012 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 02/22/2006 09:27 AM Pg: 1 of 2

FILED: 01/19/2006

JESSE WHITE

SECRETARY OF STATE

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.
SEE NOTE TO DETERMINE FEES!

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 64663445 Approved: KAK
--- Submit in duplicate --- Type or Print clearly in black ink --- Do not write above this line ---

1. **CORPORATE NAME:** Payne Mechanical & Maintenance, Inc.

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

2. **Initial Registered Agent:** Jacqueline A Wagner
First Name Middle Initial Last name
Initial Registered Office: 14059 Christina Ave
Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)
Orland Park IL 60462
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	10000	1000	\$ 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.)

C-162.24

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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 01/19 2006
 (Month & Day) Year

Signature and Name	Address
1. <u>Brian E. Payne</u> Signature Brian Payne (Type or Print Name)	307 E. Kendall Dr. Street Yorkville, IL 60560 City/Town State ZIP Code
2. <u>Daniel J. Payne</u> Signature DANIEL J. PAYNE (Type or Print Name)	1932 Surrey Rd Street BATAVIA IL 60510 City/Town State ZIP Code
3. _____ Signature (Type or Print Name)	_____ 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 16/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$26)
 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)