

UNOFFICIAL COPY

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



Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62758
Telephone (217) 782-9522
(217) 782-6961

FILED
FEB 02 2006

http://www.cyberdriveillinois.com **JESSE WHITE**
SECRETARY OF STATE

Doc#: 0605554044 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 02/24/2006 01:55 PM Pg: 1 of 2

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 1 TO DETERMINE FEES!

Filing Fee: \$150.00 Franchise Tax \$ 25- Total \$ 175- File # 6467-440-4 Approved [Signature]

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

1. **CORPORATE NAME:** SKS CONVERSIONS, INC.

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

2. Initial Registered Agent:	H.	JAMES		SLINKMAN
		First Name	Middle Initial	Last name
Initial Registered Office:	17559	ALISON LN.		
	Number	Street	Suite #	(A P O BOX ALONE IS NOT ACCEPTABLE)
	ORLAND PARK	IL	60467	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	1000	300	\$ 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)

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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

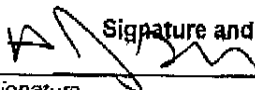
6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 (c) 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 FEBRUARY 2, 2006
 (Month & Day) Year

Signature and Name	Address
1.  Signature H. JAMES SLINKMAN (Type or Print Name)	1. 17559 ALLISON LN. Street ORLAND PARK IL 60467 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:

H. JAMES SLINKMAN
 (Firm name)

(Attention)

17559 ALLISON LN.

(Mailing Address)

ORLAND PARK, IL 60467

(City, State, ZIP Code)