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FORM **BCA 2.10** (rev. Dec. 2003)

ARTICLES OF INCORPORATION

Business Corporation Act



Doc#: 0615718076 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 06/06/2006 03:45 PM Pg: 1 of 2

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-9522
(217) 782-6961
http://www.cyberdriveillinois.com

FILED

JUN 02 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 1 TO DETERMINE FEES!

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 6497-756-3 Approved: eld
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: 829 NEWPORT, INC.

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

2. Initial Registered Agent: LOURDES JOHNSTON

First Name	Middle Initial	Last name
<u>LOURDES</u>	<u>JOHNSTON</u>	

Number	Street	Suite #	(A.P.O. BOX ALONE IS NOT ACCEPTABLE)
<u>1410 W BELMONT AVE</u>	<u>CHICAGO</u>	<u>L 60657</u>	<u>COOK</u>
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 of all lawful purpose for which corporation may incorporated under the Illinois Business Corporation Act of 1983 as amended.

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>1500</u>	<u>10</u>	<u>\$ 10.00</u>

TOTAL = \$ 10.00

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.)

(150171-5)

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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
LOURDES JOHNSTON	1410 W BELMONT AVE CHICAGO IL 60657 US	

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 JUNE 2, 2006
 (Month & Day) Year

Signature and Name	Address
1. <u><i>Keyna Webb</i></u> Signature KEYNA WEBB, ASST. SECRETARY (Type or Print Name)	1. <u>801 ADLAI STEVENSON DRIVE</u> Street SPRINGFIELD, IL 627003 City/Town State ZIP Code
2. _____ Signature ILLINOIS CORPORATION SERVICE COMPANY (Type or Print Name)	2. _____ Street City/Town State ZIP Code
3. _____ Signature A DELAWARE CORPORATION (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)