



Doc#: 0702518044 Fee: \$26.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 01/25/2007 12:24 PM 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  
217-782-9522  
217-782-6961  
www.cyberdriveillinois.com



Cashier's  
Order  
Check

Payable to Secretary of State.

**JESSE WHITE - SECRETARY OF STATE / Filed: 12/20/2006**

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ 25.00 Total \$ 175.00 File # 6528-937-7 Approved: JR

----- Submit in Duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name: LAMISTAR TECHNOLOGY CORPORATION

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

2. Initial Registered Agent: JOSE E. LAMAS  
First Name Middle Initial Last Name

Initial Registered Office: 5014 WEST CORNELIA  
Number Street Suite No. (P.O. Box alone is unacceptable)  
CHICAGO 60641 COOK  
City ZIP Code County

3. Purposes(s) for which the corporation is organized:  
(If more space is needed, attach additional 8 1/2" x 11" sheets.)

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 Thereof
COMMON	1000	1000	1,000.00

\$

**TOTAL = \$ 1,000.00**

Paragraph 2 — The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:  
(If more space is needed, attach additional 8 1/2" x 11" sheets.)

(cont. on back)

*Handwritten initials/signature*

**UNOFFICIAL COPY****ITEMS 5, 6 AND 7 ARE OPTIONAL**

5. a. Number of Directors constituting the initial board of directors of the corporation: 1  
 b. Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP
JOSE E. LAMAS	5014 WEST CORNELIA	CHICAGO, IL 60641

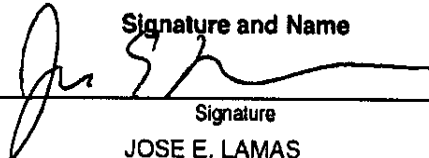
6. a. It is estimated that the value of the property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 b. It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 c. It 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. Other Provisions: Attach a separate 8 1/2" x 11" sheet 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.).

**NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

8. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated DECEMBER 19, 2006  
Month & Day Year

Signature and Name		Address		
1.	 Signature JOSE E. LAMAS Name (type or print)	1.	5014 WEST CORNELIA Street CHICAGO IL 60641 City/Town State ZIP Code	
2.	_____ Signature _____ Name (type or print)	2.	_____ Street _____ City/Town State ZIP Code	
3.	_____ Signature _____ Name (type or print)	3.	_____ Street _____ City/Town State ZIP Code	

Signatures must be in **BLACK INK** on an 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. (The 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