

UNOFFICIAL COPY

DESIGNED PROPERTIES II INCORP.

36-4605765

5. OPTIONAL:

- a. Number of directors constituting the initial board of directors of the Corporation: _____
- b. Names and addresses of 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
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6. OPTIONAL:

- a. Estimated value of all property to be owned by the Corporation for the following year wherever located: \$ _____
- b. Estimated value of the property to be located within the State of Illinois during the following year: \$ _____
- c. Estimated gross amount of business that will be transacted by the corporation during the following year: \$ _____
- d. Estimated gross amount of business that will be transacted from places of business in the State of Illinois during the following year: \$ _____

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 and correct.

Dated 4-4 Month & Day, 07 Year

Signature and Name	Address
1. <u><i>Susan Slinic</i></u> Signature <u>SUSAN SLINIC</u> Name (type or print)	1. <u>1936 W RACE</u> Street <u>CHICAGO</u> <u>IL</u> <u>60622</u> 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 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.**

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.

April 2006
ID: 3045

Note 2: Return to:

Firm name
LARRY T KWIAT
Attention
2015 S ARLINGTON RD 122-
Mailing Address
ARLINGTON HEIGHTS, IL 60
City, State, ZIP Code