

UNOFFICIAL COPY



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

Doc#: **0724218012** Fee: **\$26.00**
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/30/2007 10:00 AM Pg: 1 of 2

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-9522
217-782-6961
www.cyberdriveillinois.com

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 Secretary of State.

Filed: 08/17/2007 Jesse White Secretary of State



CP0894821

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ 25.00 Total \$ 175.00 File # 65695057 Approved: BE

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

1. Corporate Name: BELL INTERIOR DESIGN, INC.

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

2. Initial Registered Agent: BECA KAJCSARACZ
First Name Middle Initial Last Name

Initial Registered Office: 4623 W. KASSON
Number Street Suite No. (P.O. Box alone is unacceptable)
CHICAGO IL 60630 COOK
City ZIP Code County

3. Purposes(s) for which the corporation is organized: 44
(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
<u>COMMON</u>	<u>100,000</u>	<u>500</u>	<u>\$ 500.00</u>

TOTAL = \$ 500.00

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)

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

5. a. Number of Directors constituting the initial board of directors of the corporation: _____
 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

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 Aug. 09, 2007
Month & Day Year

Signature and Name	Address
1. <u>[Signature]</u> <small>Signature</small> <u>BELA KATCSARACZ</u> <small>Name (type or print)</small>	1. <u>4623 N. KASSON</u> <small>Street</small> <u>CHICAGO IL 60630</u> <small>City/Town State ZIP Code</small>
2. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	2. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>
3. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	3. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>

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:

BELL INTERIOR DESIGN
Firm name
BELA KATCSARACZ
Attention
4623 N. KASSON
Mailing Address
CHICAGO IL 60630
City, State, ZIP Code