## **UNOFFICIAL**

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

shares of each class are:

(If more space is needed, attach additional 8 1/2" x 11" sheets.)

Doc#: 0724218012 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 08/30/2007 10:00 AM Pg: 1 of 2

| ch<br>or<br>pa | emit payment in the form of a<br>leck, certified check, money of<br>an Illinois attorney's or CPA's<br>syable to Secretary of State. | rder<br>check<br>Filed:08/1                        | 7/2007 Jesse W                              | hite Secretary   | of State                      |   |  |
|----------------|--|--|---|--|-------------------------------|---|--|
|                | e Nr. e.) on back to determing Fee. \$150 Franchise Tax  |  | Total \$175.00                              | File #6  | 5695057                       | CP0894821 Approved;                     | BE   |
| 1.             | Corporate Name   | ELL IN   |   | DESIGN   | 1, INC                        | <b>&gt;</b>                             |  |
| 2.             | Initial Registered Agent:_   | 850 A  | word "corporation," "complete word" to Name | Middle Initial   | -                             | SARACZ                                  |  |
|                | Initial Registered Office:_  | Number<br>CHICA                                    | Street                                      |  | o. (P.O. Box alone is<br>6 30 | unacceptable) COOK County               |  |
| 3.             | Purposes(s) for which the (If more space is needed  The transaction of any or Corporation Act.                                       | , attach additiona                                 | al 8 1/2" x 11" shecis                      |  | ncorporated und               | der the Illinois Busine                 | ₹8 <b>5</b>  |
| 4.             | Paragraph 1 — Authorize  | d Shares, Issued<br>Number of Shares<br>Authorized | S   | eration Received<br>Number of Shares<br>roposed to be issued |                               | Consideration to be<br>Received Thereof | Ng-Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shupa<br>Shu |
|                | COMMON   | 100,000  | 0   | 500  | \$                            | 500.00                                  |  |
|                |  |  |   |  | TOTAL = \$                    | 500 00                                  | _  |

(cont. on back)

Paragraph 2 — The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the

0724218012 Page: 2 of 2

## **UNOFFICIAL COPY**

## ITEMS 5, 6 AND 7 ARE OPTIONAL

| 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 colloperation during the following year will be: d. It is estimated that the gross amount of business that will be transacted from placis of business in the State of Illinois during the following year will be:  7. Other Provisions: Aflach a separate 8 1/2" x 11" sheet for any other provision to be included in the Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, vot ity requirements, fixing a duration other than perpetual, etc.).  NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  8. The undersigned incorporator(s) if erc by declare(s), under penalties of perjury, that the statements made in t ing Articles of Incorporation are true.  Dated AUP O9 2007  Whorith & Day Year  Signature  1. X Address  1. Y 6 23 N. K A SSON  Signature  Signature  Name (type or print)  2. Signature  Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)  City/fown State  Size  Signature  Name (type or print)  City/fown State  Size  Signatures  Note: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duty authorized cop o rate officer. Type or print officer's name and title beneath  Note: 1 - Fee Schedule:  Note: 1 - Fee Schedule:  Note: 2 - Return to:   | State, ZIP   | City, Sta  |  | Address   | are elected and qualify:   | Name   |      |
|---|--|--|--|---|--|--|------|
| 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 litinois during the following year will be:  c. It is estimated that the gross amount of business that will be transacted by the colloring the following year will be:  d. It is entimated that the gross amount of business that will be transacted from places of business in the State of litinois during the following year will be:  7. Other Provisions: Affach a separate 8 1/2" x 11" sheet for any other provision to be included in the Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, vot ity requirements, fixing a duration other than perpetual, etc.).  NAN.E(s) & ADDRESS(ES) OF INCORPORATOR(s)  8. The undersigned incorporator(s) if ercby declare(s), under penalties of perjury, that the statements made in the ing Articles of Incorporation are true.  Dated   |  |  |  |   |  |  |      |
| 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 col poration during the following year will be: d. It is enumated 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: Affach a separate 8 1/2" x 11" sheet for any other provision to be included in the Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, vot ity requirements, fixing a duration other than perpetual, etc.).  NAN.E(S) & ADDRESS(ES) OF INCORPORATOR(S)  8. The undersigned incorporator(s) if endry declare(s), under penalties of perjury, that the statements made in the ing Articles of Incorporation are true.  Dated  |  | \$   | e corporation  | roperty to be owned by                                  | ated that the value of the property vear wherever locates  | a. It is estimat   | 6. a |
| c. It is estimated that the gross amount of business that will be transacted by the col poration during the following year will be:  d. It is entimated that the gross amount of business that will be transacted from placis of business in the State of Illinois during the following year will be:  7. Other Provisions: Affach a separate 8 1/2" x 11" sheet for any other provision to be included in the Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, votity requirements, fixing a duration other than perpetual, etc.).  NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  8. The undersigned incorporator(s) if endoy declare(s), under penalties of perjury, that the statements made in thing Articles of Incorporation are true.  Dated AUGO 9 2007  Vear  Signature Address  1. 46 23 N. KASSON  Sireet  Signature Address  1. 46 23 N. KASSON  Sireet  Address  1. 46 23 N. KASSON  Sireet  Chirchago IL 60  Cally/flown State Zife  Chirchago IC 60  Cally/flown State Zife  Name (type or print)  3. Signature Street  Name (type or print)  City/flown Size Zife  City/flown Size Zife  Signatures must be in BLACKINK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized cop o rate officer. Type or print officer's name and title beneath  Note 1 - Fee Schedule:  Note 2 - Return to:   |  | ø  | in the State   | roperty to be located w                                 | ited that the value of the pro-  | b. It is estimat   | t    |
| the colporation during the following year will be:  d. It is enimated 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: Atlach a separate 8 1/2" x 11" sheet for any other provision to be included in the Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs votity requirements, fixing a duration other than perpetual, etc.).  **NAM.E(S) & ADDRESS(ES) OF INCORPORATOR(S)**  8. The undersigned incorporator(s) I err by declare(s), under penalties of perjury, that the statements made in the ling Articles of Incorporation are true.  Dated **AUCHOPE OF THE Provision of  |  | <b>a</b>   |  | II be:<br>of business that will be                      | luring the following year will<br>sted that the gross amount i   | of Ilinois du  | ,    |
| from places of business in the State of Illinois during the following year with be: \$  7. Other Provisions: Atlach a separate 8 1/2" x 11" sheet for any other provision to be included in the Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, votity requirements, fixing a curration other than perpetual, etc.).  **NAN.E(S) & ADDRESS(ES) OF INCORPORATOR(S)**  8. The undersigned incorporator(s) here by declare(s), under penalties of perjury, that the statements made in the ling Articles of Incorporation are true.  **Dated Aug. 09 2007**  **Signature Address**  1. 46.23 N. KASSON**  **Signature Signature Chycle or print)  2. Signature Chycle or print)  3. Signature Signature  **Name (type or print)  **Signature Signature City/Town State Zife  **Name (type or print)  **Signature Signature City/Town State Zife  **Name (type or print)  **Signature City/Town State Zife  **Signature Signature City/Town State Zife  **Signature Signature City/Town State Zife  **Name (type or print)  **Signature City/Town State Zife  **Signature Street  **Name (type or print)  **Signature City/Town State Zife  **Signature Street  **Name (type or print)  **Name (type or print)  **Signature Street  **Name (type or print)  **Signature Street  **Name (type or print)  **Signature Street  **S |  | \$   | ;  | ear will be:  | ation during the following ve  | the corpora  |      |
| Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal alians, votity requirements, fixing a duration other than perpetual, etc.).  NAN.E(S) & ADDRESS(ES) OF INCORPORATOR(S)  8. The undersigned incorporator(s) if encby declare(s), under penalties of perjury, that the statements made in the ing Articles of Incorporation are true.  Dated   |  | \$   | ransacted<br>ving year will be:  | of business that will be<br>of Illinois during the foll | ated that the gross amount of the State of t | d. It is enimal from places  | (    |
| 8. The undersigned incorporator(s) here by declare(s), under penalties of perjury, that the statements made in the ling Articles of Incorporation are true.  Dated Aug. 29 2007  Signature and Name Address  1. 46 23 M, KASSON  Street  1. 46 23 M, KASSON  Street  Name (type or print)  2. Signature  Name (type or print)  Signature  Name (type or print)  City/Town State Zife  Name (type or print)  Signature  Name (type or print)  City/Town State  Street  Name (type or print)  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corp o rate officer. Type or print officer's name and title beneath Note 1 – Fee Schedule:   | ded in the Articles in affairs, voting n   | to be include ating internal a   | other provision to<br>tive voting, regulati  | re rights, denying cumu                                 | e.g., authorizing preemptive   | Incorporation (e   | }    |
| 8. The undersigned incorporator(s) here by declare(s), under penalties of perjury, that the statements made in thing Articles of Incorporation are true.  Dated Aup 29 2007  Signature and Name  1. X Signature  Signature  Signature  Name (type or print)  Name (type or print)  Name (type or print)  Signature  Name (type or print)  City/Town  State  Zife  Note 1 – Fee Schedule:  Note 1 – Fee Schedule:  Note 1 – Fee Schedule:  Note 2 – Return to:  |  | <del></del>  | ORPORATOR(S)   | ADDRESS(ES) OF I  | NAN.E(S) &   | <del></del>  |      |
| Signature and Name  1. Y 6 23 N, KASSON Signature BELA KATCSARACZ Name (type or print)  2. Signature Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)  City/Town  State  Zife  City/Town  State  Zife  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corp o rate officer. Type or print officer's name and title beneath  Note 1 – Fee Schedule:  Note 2 – Return to:  | its made in the fo   | the statements   | s of perjury, that the   |   | ncorporation are true.   | ing Articles of Ir   | ì    |
| 1. 46 23 N, KASSON  Street  Street  Name (type or print)  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  City/Town  State  Zif  City/Town  State  Zif  Street  Name (type or print)  City/Town  State  Zif  Street  Name (type or print)  City/Town  State  Zif  Street  Name (type or print)   | • .  |  |  |   | •  | Dulou  |      |
| Signature  RELA KATCSARACZ  Name (type or print)  2. Signature  Name (type or print)  Name (type or print)  Signature  City/Town  State  Ziff  City/Town  State  Ziff  Signature  Name (type or print)  City/Town  State  Ziff  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath  Note 1 — Fee Schedule:  Note 2 — Return to:   |  | Address  |  | 0,  | Signature and Name   |  |      |
| Signature  Name (type or print)  City/Town  State  Ziff  City/Town  State  Ziff  Signature  Name (type or print)  City/Town  State  Ziff  City/Town  State  Ziff  City/Town  State  Ziff  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath  Note 1 – Fee Schedule:  Note 2 – Return to:   | VA092  | 1 KAS  | 1.1 27 81  |   |  | ~ // ~   |      |
| Name (type or print)  2. Signature  Name (type or print)  Name (type or print)  State  City/Town  State  Street  Name (type or print)   | <u> </u>   |  | 4623 N.  |   | Signature  | 1. X Kgs   |      |
| Signature  Name (type or print)  State  Ziff  Signature  Name (type or print)  Name (type or print)  City/Town  Size  Street  City/Town  Size  Ziff  City/Town  Size  Name (type or print)  Signatures must be in <u>BLACK INK</u> on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath  Note 1 — Fee Schedule:  Note 2 — Return to:  | <u></u>  | Street   |  | ACZ 1.  | Signature  KATCSA  | 1. X BIN   |      |
| Name (type or print)  State  Street  Name (type or print)  Name (type or print)  City/Town  Street  Name (type or print)  City/Town  Street  Street  Name (type or print)  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corp o rate officer. Type or print officer's name and title beneath  Note 1 — Fee Schedule:  Note 2 — Return to:  | <u></u>  | Street<br>3 /  | CHICAGO  | PACZ  | KATCSAK  | BELA   |      |
| 3.    Signature   Street  | 606  | Street  3 /2 State   | CHICAGO  |   | KATCSA K<br>Name (type or print)   | BELA   |      |
| Signature  Name (type or print)  City/Town  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath  Note 1 — Fee Schedule:  Note 2 — Return to:   | 606  | Street  3 /2 State   | CHICAGO  |   | KATCSA K<br>Name (type or print)   | BELA   |      |
| Name (type or print)  Signatures must be in <u>BLACK INK</u> on an original document. Carbon copy, photocopy or rubber stamp signature be used on conformed copies.  NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be the execution shall be by a duly authorized corp o rate officer. Type or print officer's name and title beneath  Note 1 — Fee Schedule:  Note 2 — Return to:  | 606  | Street Street  | CHICAGO  |   | Name (type or print) Signature   | BELA   |      |
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| the execution shall be by a duly authorized corp o rate officer. Type or print officer's name and title beneath  Note 1 — Fee Schedule:  Note 2 — Return to:  | ZIP Code   | Street State State Street  | CHICAGO City/Town City/Town  | 2.  | Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)   | BELA  2.  3.   |      |
|   | ZIP Code  ZIP Code  ZIP Code  zip code   | Street State Street Street r rubber stamp  | City/Town  City/Town  Opy, photocopy or re   | 2. 3. ginal document. Carbon                            | Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)  e in BLACK INK on an originate or print)   | gnatures must be used on conform   | Sig  |
|   | ZIP Code  ZIP Code  ZIP Code  zip code  zip code  zip code   | Street State Street Street r rubber stamp  | CHICAGO City/Town City/Town opy, photocopy or re   | ginal document. Carbon                                  | Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)  e in BLACK INK on an origination acts as incorporator, the second content of the second  | gnatures must be used on conform   | Sig  |
| 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.)  **BELL INTERIOR**  **Firm name**  **BELA KAJCSAR**  | ZIP Code  ZIP Code  ZIP Code  Toda  ZIP Code  Toda  ZIP Code  Toda  Toda  ZIP Code  Toda  Toda | Street State Street Street Street r rubber stamp of incorp o ration's name and title | City/Town  City/Town  Opy, photocopy or rule on and the state of pe or print officer's rule of the complex of t | ginal document. Carbon                                  | Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)  e in BLACK INK on an originated copies, ration acts as incorporator, the tion shall be by a duly authorized.   | gnatures must be used on conformation of the execution of | Sig: |

- · The filling fee is \$150:
- The minimum total due (franchise tax + filing fee) is \$175.

Note 2 — Return to:

BELL INTERIOR OFSIGN
Firm name

BELA KAJCSARACZ

Attention

4623 N. KASSON

Mailing Address

CHICAGO IC 6063

City, State, ZIP Code

Printed by authority of the State of Illinois, June 2006 - 25M - C 162.25