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Doc#: 0733960024 Fee: \$26.00

Cook County Recorder of Deeds Date: 12/05/2007 11:49 AM 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 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-9522 217-782-6961 www.cyberdriveillinois.com

Filed: 05/09/2007

cashier's der

See Note 1 on back to deter		White Secretary	of State I
see iters 1 Oil DRCK (v. J669)			
Filing Fee: \$150 Franchise	5x \$ 25.00 Tota	ıs <u>175.0</u> 0 <sub>File # 6</sub>	5531488 Approved:
Submit In dupl			- Do not write above this line
Corporate Name:	ILLINOIS STA	ATE DRIVING ACADEMY, INC	Do not write above this line
	Os	TE DRIVING ACADEMY, INC	)
The Corporate	Name must contain the		
	Traine must contain the word	"Corporation," "Company," "Incorporate	ed," "Limited" or an abbreviation thereof.
. Initial Registered Agent:	ANDREW	0/	
me regional Agent.	First Name	Middle Initial	CHOLOWICZ
Initial Registered Office:		BELMONT AVE.	Last Name
	Number		0 (BO Box olar )
	CHICAGO	60634	o. (P.O. Box alone is unacceptable)
	City	ZIP Code	COOK County
THE HARISACTION OF ANY OF	العادم والمساول العالم		
Corporation Act.	all lawful businesses to	r which corporations may be in	ncorp( rated under the Illinois Business
			ncorp( rated under the Illinois Business
		r which corporations may be in second consideration Received Number of Shares Proposed to be Issued	Consideration to be
Paragraph 1 — Authorize	d Shares, Issued Shares Number of Shares	s and Consideration Received Number of Shares Proposed to be Issued	Consideration to be Received Thereof
Paragraph 1 — Authorized	d Shares, Issued Shares Number of Shares Authorized	s and Consideration Received Number of Shares	: Consideration to be

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

If more space is needed, attach additional sheets of this size.

(cont. on back)

0733960024 Page: 2 of 2

## **UNOFFICIAL COPY**

## ITEMS 5, 6 AND 7 ARE OPTIONAL

	Nama	es and Addresses of persons serving as directors of the corporation:  essors are elected and qualify:  Name  Name					
	Ado	iress ——		City, 8	State, ZIP		
6.	The property is the value of the property is the	Owned by the ea					
ŧ				<b>\$</b> _			
,	b. It is estimated that the value of the property to be located within the of Illinois during the following year will be:						
•	the corporation using the following year will be:						
with the politicated that he drove amount of business at the min			ected	\$			
	price of business of the State of Minois duri	ing the following	/ear will be: !	\$			
lr it	Other Provisions: Attach a superate sheet of this sincorporation (e.g., authorizing programmive rights, denity requirements, fixing a duration other than perpetua	ize for any othe ying cumulative v al, etc.).	r provision to oting, regulation	be include ng internal a	d in the Articles of affairs, voting major		
	NAME(S) & AUL RESS(		OPATOD(O)				
). Ti	The undersigned incorporator(s) hereby declare(s), uncorporation are true.	ler penalties of p	ORATOR(S)	_8. s			
ın	ng Articles of Incorporation are true.	or pondines of pr	aijury, mat the	statements	made in the forego-		
D	Dated, 2007						
	Month & Day Year	4					
	Signature and Name	1/X,	A	.ddress			
1,		1, 7064	V. BELMONT	AVE			
	Signature PRZEMYSLAW WALASINSKI	1)		Street			
	Name (type or print)	CHIC City/To		IL State	60634		
2.	Signature	\	W. BELMONT		ZIP Code		
	RAFAL GORSKI			Stree!			
_	Name (type or print)	CHIC/ City/To		IL State	60634 ZIP Code		
3.	Signature	3			ZIP Code		
			-	Street	_G_		
4	Name (type or print)	City/Tov	vn :	State	ZIP Code		
jnat IV OI	tures must be in BLACK INK on an original docum only be used on conformed copies.	ent. Carbon cop	y, photocopy	Of rubber s	tamp clanature		
	If a corporation acts as incorporator, the same of the						
TE:	the array of the	Corporation and t	ne state of inco Int officer's nam	Orporation si	hall be shown and		
TE:	trie execution shall be by a duly authorized corp o rate	annagi, IADA OL DII	Omidat b fight	ie enici lilie D	eneath signature.		
<i>71E</i> :		omeor. Type or pri					
te 1	- Fee Schedule:		Note 2 — F				
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te 1 The (\$1.	Fee Schedule:     initial franchise tax is assessed at the rate of 15/100 in the paid-in capital represented in this imum initial franchise tax is \$25.)						
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te 1 The (\$1.0 mini	Fee Schedule:     initial franchise tax is assessed at the rate of 15/100 in the paid-in capital represented in this imum initial franchise tax is \$25.)	of 1 percent s state. (The		Return to: Firm nam	Ne		
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