

# UNOFFICIAL COPY



0828250024

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

Doc#: **0828250024** Fee: **\$38.00**  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 10/08/2008 10:16 AM Pg: 1 of 2

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

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: 9/30/2008 Jesse White Secretary of State**

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ 25.00 Total \$ 175.00 File # 66300439 Approved: SR

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

1. Corporate Name: HCE, INC.  CP0460770

The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: PAUL W. PLOTNICK  
First Name Middle Initial Last Name

Initial Registered Office: 9933 LAWLER AVE. 312  
Number Street Suite No. (P.O. Box alone is unacceptable)  
SKOKIE IL 60077 COOK  
City ZIP Code County

3. Purposes(s) for which the Corporation is Organized: 044  
If more space is needed, attach additional sheets of this size.

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	1,000	1,000	<del>XXXXXXXXXX</del> \$ 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 sheets of this size.

(cont. on back)

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**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
DAVID J. LOPINA	1602 E. FLENTIE LANE	ARLINGTON HEIGHTS, IL 60004


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 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.).

**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 SEPTEMBER 11, 2008  
 Month & Day Year

Signature and Name	Address
1.  Signature DAVID J. LOPINA Name (type or print)	1. 1602 E. FLENTIE LANE Street ARLINGTON HEIGHTS, IL 60004 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:**

PAUL W. PLOTNICK
Firm name
PAUL W. PLOTNICK
Attention
9933 LAWLER AVE. SUITE 312
Mailing Address
SKOKIE, IL 60077
City, State, ZIP Code