## **UNOFFICIAI**

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

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check

Doc#: 0929245070 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 10/19/2009 11:44 AM Pg: 1 of 2

Fi	L	E	D
----	---	---	---

OCT 0 1 2009

JESSE WHITE SECRETARY OF STATE

		9		6	672-7858	
ng Fee: \$150	Franch'se Ta	x \$	Total \$	)5 File #		Approved:
Sub	mit in dup!!c	<i>р</i> ::Ту	pe or Print clea	arly in black ink ———	Do not write ab	ove this line
Corporate Na	ame: Stone	way Homes, Inc	· 7			
	he Corporate I	Name must contain	the word "Corpora	tion," "Company," "Incorpore	ated," "Limited" or an at	obreviation thereof.
	·	,				
Initial Pagiete	ered Agent:	CENTRAL BU	SINEGS SERV	ICES INC.		
	. * .	, , , , , , , , , , , , , , , , , , ,	irst Name	Middle Initial	Last Na	im <del>e</del>
Initial Regist	ered Office:	1528 CHICKA	SAW DR.	Cult.	No. (DO Devi elene le	······························
	0	Number NAPERVILLE	Stre	605	No. (P.O. Box alone is	• • •
T MAIL	<b>5</b>	NAFERVILLE	City	ZIP Coo		County
1110 1						
1	<u> </u>					
Purposes(s)	for which th	e Corporation is	s Organized:	9		
Purposes(s)	for which th	e Corporation is d, attach addit	s Organized: ional sheets o	of this size.	6	(44)
Purposes(s)	ce la ñeede	d, attach addit	ional sheets o		e incorporated un	der the Illinois Busi
Purposes(s)	ce is neede	d, attach addit	ional sheets o	of this size.	e incorporated und	der the Illinois Busi
Purposes(s) If more space The transact	ce is neede	d, attach addit	ional sheets o		e i/icr/porated und	der the Illinois Busi
Purposes(s) If more space The transact	ce is neede	d, attach addit	ional sheets o		e incorporated und	der the Illinois Busi
Purposes(s) If more space The transact	ce is neede	d, attach addit	ional sheets o		e //cc//porated und	der the Illinois Busin
Purposes(s) If more space The transact Corporation	ce is neede ion of any o Act.	d, attach addit r all lawful busin ed Shares, Issu	ional sheets onesses for which	ch corporations may b	ved:	Š.
Purposes(s) If more space The transact Corporation  Paragraph 1	ce is neede ion of any o Act.	d, attach addit r all lawful busin ed Shares, Issu Number of Sha	ional sheets onesses for which	ch corporations may be consideration Recei	ved:	der the Illinois Busin
Purposes(s) If more space The transact Corporation	ce is neede ion of any o Act.	d, attach addit r all lawful busin ed Shares, Issu	ional sheets onesses for which	ch corporations may b	ved:	Consideration to be
Purposes(s) If more space The transact Corporation  Paragraph 1	ce is neede ion of any o Act.	d, attach addit r all lawful busin ed Shares, Issu Number of Sha	ional sheets onesses for which	ch corporations may be consideration Recei	ved: es sued	Consideration to be
Purposes(s) If more space The transact Corporation  Paragraph 1  Class	ce is neede ion of any o Act.	d, attach addit r all lawful busin ed Shares, Issu Number of Sha	ional sheets onesses for which	ch corporations may be consideration Recei  Number of Shar  Proposed to be Is	ved: es sued	Consideration to be Received Thereof
Purposes(s) If more space The transact Corporation  Paragraph 1  Class	ce is neede ion of any o Act.  — Authoriz	d, attach addit r all lawful busin ed Shares, Issu Number of Sha	ional sheets onesses for which	ch corporations may be consideration Recei  Number of Shar  Proposed to be Is	ved: es sued	Consideration to be Received Thereof
Purposes(s) If more space The transact Corporation  Paragraph 1  Class	ce is neede ion of any o Act.  — Authoriz	d, attach addit r all lawful busin ed Shares, Issu Number of Sha	ional sheets onesses for which	ch corporations may be consideration Recei  Number of Shar  Proposed to be Is	ved: es sued	Consideration to be Received Thereof

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)

## **UNOFFICIAL COPY**

## ITEMS 5, 6 AND 7 ARE OPTIONAL

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:  \$		ssors are elected and	quamy.	4			City, State, 2	ZIP
for the following year wherever located will be:  It is estimated that the value of the property to be located within the State of Illinois during the following year will be:  It is estimated that the value of the property to be located within the State of Illinois during the following year will be:  It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be:  It is estimated that the gross amount of business that will be transacted from places of busin's sin the State of Illinois during the following year will be:  Other Provisions: Attach a seriarate sheet of this size for any other provision to be included in the Article Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting mainly requirements, fixing a duration other than perpetual, etc.).  NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  The undersigned incorporator(s) hereby declar(a), under penalties of perjury, that the statements made in the forming Articles of Incorporation are true.  Dated  Signature  Address  1. A14 Knightsbridge Lane  Signature  Address  1. A14 Knightsbridge Lane  Signature  Address  1. A14 Knightsbridge Lane  Signature  Signature  Andress  Signature  Artur Wilk  Name (type or print)  Name (type or print)  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  Name (type or print)  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signa analy only be used on conformed copies.  WOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown the execution shall be by a duly authorized corp or set officer. Type or print officer's name and title beneath sign.  Note 1 — Fee Schedule:  The lifting fee is \$150.  The filling fee is \$150.  Signature Address  Address  Address  Address  Signature  Catyrlown  Signature  Catyrlo		Name	Acc					
for the following year wherever located will be:  It is estimated that the value of the property to be located within the State of Illinois during the following year will be:  It is estimated that the value of the property to be located within the State of Illinois during the following year will be:  It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be:  It is estimated that the gross amount of business that will be transacted from places of busin's sin the State of Illinois during the following year will be:  Other Provisions: Attach a seriarate sheet of this size for any other provision to be included in the Article Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting mainly requirements, fixing a duration other than perpetual, etc.).  NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  The undersigned incorporator(s) hereby declar(a), under penalties of perjury, that the statements made in the forming Articles of Incorporation are true.  Dated  Signature  Address  1. A14 Knightsbridge Lane  Signature  Address  1. A14 Knightsbridge Lane  Signature  Address  1. A14 Knightsbridge Lane  Signature  Signature  Andress  Signature  Artur Wilk  Name (type or print)  Name (type or print)  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  Name (type or print)  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signa analy only be used on conformed copies.  WOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown the execution shall be by a duly authorized corp or set officer. Type or print officer's name and title beneath sign.  Note 1 — Fee Schedule:  The lifting fee is \$150.  The filling fee is \$150.  Signature Address  Address  Address  Address  Signature  Catyrlown  Signature  Catyrlo								
for the following year wherever located will be:  It is estimated that the value of the property to be located within the State of Illinois during the following year will be:  It is estimated that the value of the property to be located within the State of Illinois during the following year will be:  It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be:  It is estimated that the gross amount of business that will be transacted from places of busin's sin the State of Illinois during the following year will be:  Other Provisions: Attach a seriarate sheet of this size for any other provision to be included in the Article Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting mainly requirements, fixing a duration other than perpetual, etc.).  NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  The undersigned incorporator(s) hereby declar(a), under penalties of perjury, that the statements made in the forming Articles of Incorporation are true.  Dated  Signature  Address  1. A14 Knightsbridge Lane  Signature  Address  1. A14 Knightsbridge Lane  Signature  Address  1. A14 Knightsbridge Lane  Signature  Signature  Andress  Signature  Artur Wilk  Name (type or print)  Name (type or print)  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  Signature  Name (type or print)  Name (type or print)  Name (type or print)  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signa analy only be used on conformed copies.  WOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown the execution shall be by a duly authorized corp or set officer. Type or print officer's name and title beneath sign.  Note 1 — Fee Schedule:  The lifting fee is \$150.  The filling fee is \$150.  Signature Address  Address  Address  Address  Signature  Catyrlown  Signature  Catyrlo	a. It is	estimated that the val	ue of the property to b	e owned by the	e corporation	)		
of illinois during the following year will be:  It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be:  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:  Other Provisions: Attach a desparate sheet of this size for any other provision to be included in the Articler Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting maily requirements, fixing a duration other than perpetual, etc.).  NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)  The undersigned incorporator(s) hereby dectare(s), under penalties of perjury, that the statements made in the foring Articles of Incorporation are true.  Dated Signature and Name Address  Signature Address  1. State Schaumourg IL 60195  City/Town State ZIP Code  Actur Wilk Name (type or print) Signature  Artur Wilk Name (type or print) Signature  Name (type or print) City/Town Siate ZiP Code  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signating and the execution shall be by a duly authorized corp or rate officer. Type or print officer's name and title beneath signating 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 assessed at the rate of	for to	he following year whe estimated that the val	rever located will be: ue of the property to b			\$ \$		
d. It is estimated that the gross amount of business that will be transacted from places of business in the State of Illilnois during the following year will be:    Other Provisions: Attach a cenarate sheet of this size for any other provision to be included in the Article Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting me ity requirements, fixing a duration this than perpetual, etc.).    NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)   The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foring Articles of Incorporation are true.    Dated	c. It is	estimated that the gro	oss amount of busines	s that will be tr	ansacted by	\$		
Other Povisions: Attach a seriarate sheet of this size for any other provision to be included in the Article Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting me ity requirements, fixing a duration office than perpetual, etc.).    NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)   The undersigned incorporation (s) hereby declare(s), under penalties of perjury, that the statements made in the foring Articles of Incorporation are true.    Dated	11.2-	- with a second of the second	see amount of busines	s that will be tr	ansacted ving year will	be: \$		
The undersigned incorporator(s) hereby decis; (2), under penalties of perjury, that the statements made in the forming Articles of incorporation are true.  Dated September 24 . 2007 Month & Day . 2007 Month &	Incorno	ration (e.a. authoriziti	a preemptive rights, a	etivitig cultura	other provis tive voting, r	sion to be i egulating in	ncluded ternal affa	n the Articles airs, voting majo
The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foring Articles of Incorporation are true.  Dated September 24 , 2007  Signature and Name Address  1. 214 Knightsbridge Lane Sireet  James Pinson Signature  Dated Signature  James Pinson Signature  Artur Wilk Name (type or print)  3. Signature  Artur Wilk Name (type or print)  Name (type or print)  Name (type or print)  Name (type or print)  City/Town State ZiP Code  City/Town State ZiP Code  3. Signature  Name (type or print)  City/Town State ZiP Code  City/Town State ZiP Code  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signal any only be used on conformed copies.  IOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signal to 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 filling fee is \$150.  Attention			NAME(S) & ADDRES	SS(ES) OF INC	ORPORATO	OR(S)		
Signature and Name  1.	ing Artic	les of incorporation a	re true.		s of perjury, '	that the stat	ements III	ade iii lile loleg
James Pinson  Name (type or print)  2.				4/2	•	Add	ress	
James Pinson  Namé (type or print)  Namé (type or print)  Artur Wilk  Name (type or print)  Signature  Name (type or print)  Signature  Name (type or print)  Name (type or prin		7. 0	w.	4	914 Knight	sbridge Lan	е	
James Pinson  Namé (type or print)  2. 7649 Long Astreet  Artur Wilk  Name (type or print)  3. Signature  Name (type or print)  Note 2 — Return to:  Central Business Services, Inc.  Firm name  Attention  Attention  1528 Chickasaw Dr.	1. 🗸	Sign	nature			Str	eet	
2. Name (type or print)  Signature  Artur Wilk  Name (type or print)  Toty/Town  State  Street  City/Town  State  Street  City/Town  State  ZIP Code  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signal nay 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 show the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signative execution shall be by a duly authorized corporation in this state. (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 filling fee is \$150.	la	mon Dincon			Schaumou	rg IL		
2.	<u> </u>	Namé (t	pe or print)	·······	City/Tow.	St	ate	ZIP Code
Signature  Artur Wilk  Name (type or print)  Signature  Name (type or print)  Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signal may only be used on conformed copies.  IOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be show the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signification 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 filling fee is \$150.  Attention  1528 Chickasaw Dr.	_ /	Luly INIK	<i>i</i> 	2.	7649 Long			<u>, , , , , , , , , , , , , , , , , , , </u>
Artur Wilk  Name (type or print)  Signature  Name (type or print)  City/Town  State  ZIP Code  City/Town  State  ZIP Code  City/Town  State  ZIP Code  Name (type or print)  City/Town  State  ZIP Code  Name (type or print)  Name (type or print)  State  ZIP Code  City/Town  State  ZIP Code  Note 2 — Return to:  Central Business Services, Inc.  Firm name  Attention  Attention  1528 Chickasaw Dr.	2. <u>. C</u>					St	reet	
Name (type or print)  Signature  Name (type or print)  City/Town  State  ZIP Code  Tity/Town  State  ZIP Code  Note 2 — Return to:  Central Business Services, Inc.  Firm name  Attention  1528 Chickasaw Dr.	۸.	4 \Afilk						
Name (type or print)  Name (type or print)  State  City/Town  State  ZIP Code  Name (type or print)  State  ZIP Code  State  State  ZIP Code  City/Town  State  Sta	A	Name (t	ype or print)	·	City/Town	S	9.4	ZIP Code
Name (type or print)  Name (type or print)  State  City/Town  State  ZIP Code  Name (type or print)  State  ZIP Code  State  State  ZIP Code  City/Town  State  Sta	_	•		3.				
ignatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signal may only be used on conformed copies.  IOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be show the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature 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 filling fee is \$150.  Attention  1528 Chickasaw Dr.	3	Sig	nature			SI	reet	
IOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be show the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signification of the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath significant of the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath significant of the execution shall be shown the execution shall be shown to execution and the state of incorporation shall be shown to execution shall be shown to execution and the state of incorporation shall be shown to execution and the state of incorporation shall be shown to execution and the state of incorporation shall be shown to execution and the state of incorporation shall be shown to execution and the state of incorporation shall be shown to execution and the state of incorporation shall be shown to execution sha	<del></del>	Name (t	ype or print)		-			ZIP Code
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.  Central Business Services, Inc. Firm name  Attention 1528 Chickasaw Dr.	nay only	be used on conform	ed cobies.	af the corpora	tion and the	state of inco	propration	shall be shown
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.  Central Business Services, Inc.  Firm name  Attention  1528 Chickasaw Dr.		Ean Cabadulas				Note 2 — I	Return to	•
(\$1.50 per \$1,000) on the paid-in capital represented in this state. (The Firm name minimum initial franchise tax is \$25.)  The filing fee is \$150.	The in	itial franchies tay is as	ssessed at the rate of	15/100 of 1 pe	rcent	Central Bu	ısiness Se	ervices, Inc.
Attention The filling fee is \$150.  1528 Chickasaw Dr.	(\$1.50	per \$1,000) on the pa	iid-in capital represente	ed in this state.	(The		Firm r	name
						4000 051		
			anahisa tay ± filina faa	) is \$175		1528 Chic		
Naperville, IL 60563	· ine n	illimum total due (iii	anomed tax + ming loo	, +		Nononilla	_	
City, Glate, 24 City, Glate, 2								ZIP Code