FAXCOM

## UNOFFICIAL OOPY

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

Corporation Act.

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.

Doc#: 1008846058 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 03/29/2010 03:52 PM Pg: 1 of 2

FILED	): 07/22/2008	<b>IESSE WHITE S</b>	SECRETARY OF STATE
mine fees.			
<sub>ax \$</sub> 25.00	175.00	File # 66180646	
licate ——— Type o	r Print clearly in bla	ck ink ———— Do n	ot write above this line KAK
IS HOME REMODE	LING, INC.		
		•	
nam must contain the up	ard "comporation" "comp	any" "incorporated" "limite	ed" or an abbreviation thereof.
igh a high Contain the wo	nd corporation, domp	ary, moorporates, make	a di Managananan
FEDERATED TAX	SERVICE.INC		
FEDERA IFO TAX	SERVICE,INC	Middle Initial	Last Name
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FEDERA IFD TAX First N 4751 S CEN IRAL Number	ame		Last Name  D. Box alone is unacceptable)
4751 S CEN FRAL	ame AVE		
	mine fees.  25.00  Class \$ 25.00  Class HOME REMODE  The must contain the wo	Tile tees.  175.00  175.00  Illicate ——— Type or Print clearly in blacks HOME REMODELING, INC.	175.00 File # 66180646  Illeate ——— Type or Print clearly in black ink ———— Do not the HOME REMODELING, INC.  The must contain the word "corporation," "company," "incorporated," "limited in the word "corporated," "limit

4. Paragraph 1 — Authorized Shares, Issued Shares and Consideration Received:

Number of Shares

Number of Shares

Number of Shares

Class

Authorized

Proposed to be Issued

COMMON

1000

1000

\$\frac{1000}{1000}\$

The transaction of any or all lawful businesses for which corpore ion; may be incorporated under the Illinois Business

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 8 1/2" x 11" sheets.)

(cont. on back)

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

07/22/2008 4:15PM

OF 3

07/23/2008 10:15:59 AM

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## ITEMS 5, 6 AND 7 ARE OPTIONAL

_	successors are elected and qualify: Name	Address		City, State, 2	
_					
a	It is estimated that the value of the prop for the following year wherever located	perty to be owned by the will be:	corporation	\$ <u> </u>	
b	It is estimated that the value of the prop	perty to be located within	the State	d:	
¢	of Illinois during the following year will to It is estimated that the gross amount of	e: business that will be tra	insacted by		
•	the comporation during the following year	ır will be:		\$	~ <del></del>
d	. It is estimated that the gross amount of from places of business in the State of	Illinois during the follow	ng year will b	e: \$	· · · · · · · · · · · · · · · · · · ·
H	Other Provisions: Anach a separate 8 1/2 neorporation (e.g., amborizing preemptive y requirements, fixing a suration other than	rights, denying cumulat	other provisions of the provision of the provision of the proving	on to be included i gulating internal affa	n the Articles of irs, voting major-
	NAME(S) &	ADDRESS(ES) OF INC	ORPORATOR	I(S)	
7	The undersigned incorporator(s) noreby dec	clare(s), under penalties	of perjury, the	at the statements ma	ade in the forego-
ij	ng Articles of Incorporation are true.	100			
1	Dated July 3d Maghth & Day	Year Year			
	Signature and Name	4		Address	
	Knowled halla		8250 U	O, O'CONN	OR DR Apt 21
	Signature	0,0		Street	· · · · · · · · · · · · · · · · · · ·
	KRZYSZTOF ChOLKS	0 4	SAV/Town	GROVE, 14 State	ZIP Code
	/ Name (type or print)	<u>2.</u>	Carsyr tuwn	Jak	Zii Oode
í	Signature	Ζ,		Street	
				<i>*</i>	777 644-
	Name (type or print)	_	City/Town	State	ZIP Code
,	3. Signature	<b>3</b>		Straet	
	<b>.</b>			',0	
	Name (type or print)		Çity/Town	Siate	ZIP Code
	natures must be in <u>BLACK INK</u> on an originatures on conformed copies.  IE: If a corporation acts as incorporator, the execution shall be by a duly authorical companion.	e name of the corporati	on and the sta	ute of incorporation s	t.a". Se shown and
0				ote 2 — Return to:	
			A1.		_
O <sup>1</sup>	e 1 - Fee Schedule:	rate of 15/100 of 1 perc		ne 2 – neium io. Palna a Loul I	ne Sepicie una
01	The initial franchise tax is assessed at the (\$1.50 per \$1,000) on the paid-in capital rep	rate of 15/100 of 1 percoresented in this state. (	ent Z	cdenated to	<u>ax SCRUI'd,</u> 1000 me
01	The initial franchise tax is assessed at the (\$1.50 per \$1,000) on the paid-in capital rep minimum initial franchise tax is \$25.)	rate of 15/100 of 1 percoresented in this state. (1	ent Z	ederated to	7
<b>O</b> 1	The initial franchise tax is assessed at the (\$1.50 per \$1,000) on the paid-in capital rep	oresented in this state. (	ent Z	cderated to Firm no.	antral Ave

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