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File Number 5448-558-40 6 2 6 1

86626122

STATE OF ILLINOIS  
OFFICE OF  
THE SECRETARY OF STATE



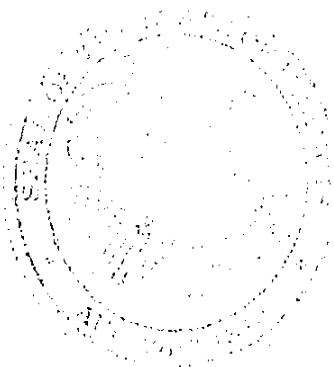
Property of Cook County Clerk's Office

**Whereas,** ARTICLES OF INCORPORATION OF  
LORENZETTI'S INC.  
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN  
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE  
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

*Now Therefore, I, Jim Edgar, Secretary of State of the State  
of Illinois, by virtue of the powers vested in me by law, do hereby  
issue this certificate and attach hereto a copy of the Application  
of the aforesaid corporation.*

**In Testimony Whereof,** *I hereto set my hand and cease to  
be affixed the Great Seal of the State of Illinois.*

*at the City of Springfield, this* 19TH  
*day of* DECEMBER *AD 19* 86 *and*  
*of the Independence of the United States*  
*the two hundred and* 11TH



*Jim Edgar*  
SECRETARY OF STATE

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BCA-2.10 (Rev. Jul. 1984)

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*Submit in Duplicate*

**JIM EDGAR**  
Secretary of State  
State of Illinois

This Space For Use By Secretary of State	
Date	12-19-86
License Fee	\$ 1.50
Franchise Tax	\$ 20.00
Filing Fee	\$ 15.00
Clerk	C.A. 100.50

*Payment must be made by Certified Check, Cashiers' Check or a Money Order, payable to "Secretary of State".*  
**DO NOT SEND CASH!**

**ARTICLES OF INCORPORATION**

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned incorporator(s) hereby adopt the following Articles of Incorporation.

**ARTICLE ONE** The name of the corporation is LORENZETTI'S INC.  
*(shall contain the word "corporation", "company", "incorporated", "limited", or an abbreviation thereof)*

**ARTICLE TWO** The name and address of the initial registered agent and its registered office are:

Registered Agent	JOYCE F. SMITH		
	First Name	Middle Name	Last Name
Registered Office	16958 DIXIE HIGHWAY		
	Number	Street	Suite # (A P.O. Box alone is not acceptable)
	HAZEL CREST, ILLINOIS		60429
	City	Zip Code	County

**ARTICLE THREE** The purpose or purposes for which the corporation is organized are:  
*If not sufficient space to cover this point, add one or more sheets of this size.*

Operation of retail and wholesale restaurant business including, but not limited to, sale of food and liquor and all purposes attendant thereto.

**ARTICLE FOUR** Paragraph 1: The authorized shares shall be:

	Class	*Par Value per share	Number of shares authorized
	Common	No Par	10,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:  
*If not sufficient space to cover this point, add one or more sheets of this size.*

**ARTICLE FIVE** The number of shares to be issued initially, and the consideration to be received by the corporation therefor, are:

	Class	*Par Value per share	Number of shares proposed to be issued	Consideration to be received therefor
	Common	No Par	1000	\$ 1000.00
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	<b>\$ 1000.00</b>

\*A declaration as to a "par value" is optional. This space may be marked "n/a" when no reference to a par value is desired.

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File No. \_\_\_\_\_

Form BCA-210

ARTICLES OF INCORPORATION

FILED

STATE OF ILLINOIS  
CLERK OF THE CIRCUIT COURT  
FEE SCHEDULE

The following fees are required to be paid at the time of issuing the Certificate of Incorporation: FILING FEE \$75.00; INITIAL LICENSE FEE of 1/20th of 1% of the consideration to be received for initial issued shares (see Art. 5); MINIMUM \$50; INITIAL FRANCHISE TAX of 1/10th of 1% of the consideration to be received for initial issued shares (see Art. 5); MINIMUM \$25.00.

EXAMPLES OF TOTAL DUE

Consideration to be Received	TOTAL DUE*
up to \$1,000	\$109.50
\$ 5,000	\$110.50
\$ 10,000	\$1105.00
\$ 25,000	\$1132.50
\$ 50,000	\$1140.00
\$100,000	\$1228.00

\*Includes Filing Fee + License Fee + Franchise Tax

RETURN TO:

Corporation Department  
Secretary of State  
Springfield, Illinois 62756  
Telephone (217) 782-6961

22192998



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 its President or Vice-President and verified by him, and attested by its Secretary or an Assistant Secretary. Signatures must be in ink on original document. Carbon copy, xerox or rubber stamp signatures may only be used on conformed copies.

Name (please print)	Signature	City/Town	State	Zip
1. CARLO LORENZETTI	<i>Carlo Lorenzetti</i>	FLOSSMOOR, ILLINOIS	60422	
2. JIM EDGAR	<i>Jim Edgar</i>	SPRINGFIELD, ILLINOIS	62756	62756
3. _____	_____	_____	_____	_____

FILED  
DEC 19 1986  
JIM EDGAR  
Secretary of State

Dated \_\_\_\_\_, 1986  
The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

NAMES & ADDRESSES OF INCORPORATORS

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing pre-emptive rights; denying cumulative voting; regulating internal affairs; voting majority agreements; fixing a duration other than perpetual; etc.

ARTICLE SEVEN OPTIONAL

(a) It is estimated that the value of all 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 which will be transacted by the corporation during the following year will be: \_\_\_\_\_

(d) It is estimated that the gross amount of business which will be transacted from places of business in the State of Illinois during the following year will be: \_\_\_\_\_

ARTICLE SIX OPTIONAL

The number of directors constituting the initial board of directors of the corporation is \_\_\_\_\_ and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors be elected and qualify are:

Name	Residential Address

RETURN TO  
GARY W. RAY  
15141 DIXIE AVE. #201  
KNOXVILLE TN 37920  
NO. 15X 2076

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