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File Number

5689-717-8



Wherens,

ARTICLES OF INCORPORATION OF E & T ENTERPRISES, 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. George H. Ryan, 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.

Un Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this 7TH

day of JULY A.D. 1992 and

of the Independence of the United States

the two hundred and 17TH

Seven H Regan

2511893

25%

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(The corporate na Initial Register Purpose or pur	ade by certified ck, Illinois aftor- P. A's check or a to "Secretary." E NAME: ame must contain if ed Agent: ed Office:	114 West Monioe Street Number Chicago	Date Franchi Filing Fr Approve	98 \$ 325.60 9d: 7 <u>4.60</u> Z 100 mi
ayment must be maneck, cashier's check, pllinois Coney order, payable State.* CORPORAT (The corporate national Register Initial Register Purpose or pur	ade by certified ck, Illinois attorP.A's check or a to "Secretary E NAME:	he wold 'corporation', 'company,' 'incorporated Gary A. Weintraub First Name Mic 114 West Monice Street Number Chicago	Franchic Filing For Approve Ap	Secretary of State 2 - 2 - 72. See Tax \$ See \$ -75.79 cd: 2 /20 oz thereof.) Last name Suite # Cook
CORPORAT (The corporate national Register Initial Register Purpose or pur	E NAME:E nme must contain the ed Agent:G ed Office:G	he wold 'corporation', 'company,' 'incorporated Gary A. Weintraub First Name Mic 114 West Monice Street Number Chicago	1," turnited" or an abbreviation Idle trutial Street 60661	thereof.) Last name Suite # Cook
(The corporate na Initial Register Initial Register Purpose or pur	ed Agent: _G	he wold 'corporation', 'company,' 'incorporated Gary A. Weintraub First Name Mic 114 West Monice Street Number Chicago	idle frutiet Street 60661	Last name Suite # Cook
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Initial Register	ed Office:6	First Name Mic 514 West Monioe Street Number Chicago	Street 60661	Suite # Cook
Purpose or pur		Number Chicago	60661	Cook
Purpose or pur (If not sufficient sp				
Purpose or pur (If not sufficient sp	noses for which			
For a	ace to cover this po	n the corporation is organized: out, add end or more sheets of this size.) ourpose permitted by the Ill.	lnois Business Cor	poration Act. 92511891
Paragraph 1: A	uthorized Share	es, Issued Shares and Consideration F	Received:	1%
Class	Par Value per Share	Number of Shares Destroction	Number of Shares Proposed to be lasued	Consideration to be Received Therefor
common s	n/ë	100.000	1,000	\$ 1,000.00

(over)

none

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5. OPTIONAL:	(a) Number of directors constituting the initial board of directors of the corporation: (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of the persons are closed and qualify:							
	shareholders or until their successors are elected and qualify: Name Residential Address							
								
6. OPTIONAL:	(a) It is estimated that the value of all propri	•		·				
	corporation for the following year where (b) It is estimated that the value of the properties	erty to be located within	3					
	the State of Illinois during the following (c) It is estimated that the gross amount of		\$	 				
	transacted by the corporation during the	\$						
	(d) In is estimated that the gross amount of transacted from places of business in the							
	the schowing year will be:		\$					
	ned incorporator(s) hereby declare(s), uncer poration are true.	enalties of perjury, that t	he statements made i	n the foregoing				
Dated	June 25 , 19 92 .	0,						
· Har	Signature and Name	1 674 West Me	Address					
Signature	TO STITLE STATE OF THE STATE OF	Strer !		, , , , , , , , , , , , , , , , , , , 				
	Weintraub Pant Name)	Chicago, I.	llinois 60661 State	Zip Code				
2.		2. Street	/k-/					
Signature		3000	To					
(Type or Pi	rint Name)	City/Town 3.	State	Zip Code				
Signature		Street						
(Type or Pr	int Name)	Clty/Town	State	Zip Code				
NOTE: If a corpora	In ink on original document. Carbon copy, photocopy or tion acts as incorporator, the name of the corporat ident or vice president and verified by him, and att	ion and the state of incorpo	oration shall be shown an					
سی کا میک می ان این ان این ان بر ان بری ان این اک	FEE SCH	EDULE		<u>ــــــ</u>				
	nchise tax is assessed at the rate of 15/100 of 1 per		the paid-in capital renres	sented in the K				
state, with a	minimum of \$25.	المنشر	0					

• The filling tee is \$75.

The minimum total due (frunchise tax + filing fee) is \$100.
 (Applies when the Consideration to be Received as set forth in Item 4 does not a \$16,667

The Department of Business Services in Springfield will provide assistance in calculation he total fees if necessary.

Illinois Secretary of State
Department of Business Services

Springfield, IL 62756 Telephone (217) 782-9522 782-9523 Mail to:

Gry A. Weintraub 614 West Monroe St.

Chicago, Illinois 60661