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WITTHS, ARTICLES OF INCORPORATION OF KONTA ENTERPRISE, 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 ILLIPOIS, IN FORCE JULY 1, A.D. 1984.

Now T**herefore, 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.

> In Cestimony Whereof, I hereto set my hand and cause to be affixed the Great Scal of the State of Illinois.



at the City	y of Springs	lield, this	9TH		
•					
of the Inc	re City of Springfield, this 9 TH of NOVEMBER A.D. 19 ⁹² and be Independence of the United States two hundred and 1 ^{7TH}				
the two hu	indred and_	17TH			

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Property of Cook County Clerk's Office

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Rev Jan. 1991) orge H. Ryan relary of State partment of Bushness Services inglield, it. 62758 ment must be made by certified ck, cashier's check, illinois aftor- 's check, illinois C.P.A's check or	NOV 9 1992 GEORGE H. RYAN SECRETARY OF STATE	SUB	MIT IN DUPLICATE!	
ment must be made by certified ck, cashier's check, Illinois attor- 's check, Illinois C.P.A's check or	GEORGE H. RYAN SECRETARY OF STATE	i	This space for use by Secretary of State Date Franchise Tax Filling Fee Approved:	
ney order, payable to "Secretary : itale."		Franchis Filling Fe		
CORPORATE NAME:	Konia Enterpri	se, Inc.		
(The corporate name must contain	the word "corporation", "company," "int	corporated," "limited" or an abbreviation	thereof.)	
Initial Registered Agent:	Don./	11. Kj.	III Last name	
Initial Registered Office:	First Name 4001 vt. Devon Ave. Number	A Committee of the Comm	Cast hame 0 2 Suite #	
	Chicago City	60646 Co	OOK County	
may be incor Act of 1983.	rporated under the I	ol purposes for which		
•	Number of Shares	Number of Shares	Consideration to be	
Par Value Class per Share	Authorized	Proposed to be issued	AF SHAD LIMING	

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5. OPTION/	(b) Names and ad	(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 shareholders or until their successors are elected and quality: Name Residential Address					
					مستن رسو الاستانسيو وسيدا المسائليون ومويدا المسائليون والمسائليون المسائليون والمسائليون المسائليون والمسائليون		
6. OPTIONA	corporation for	that the value of all prope the following year where hat the value of the prope	ver located will be:	\$			
		nois during the following a that the gross amount o					
· .	transacted by t	he corporation during the	following year will be	; \$			
		that the gross amount or places of business in the					
	the following ye	ar will be:		\$			
7 OPTIONA	Attach a separata incorporation, e.g.,	ONS sheet of this size for an authorizing preemptive rity requirements, fixing a	ights, denying cumul	ative voting, regula			
8.	NAME(S	& ADLRESS(ES) OF	INCORPORATOR	(S)			
1. X Signal	Signature and N Lagrana Signature And N Wyung J. Koh	ame	1. 6491 Car Striet 5.151	Address pe Cod Ct	60532		
• • •	or Print Name)		City/To vn	Slate	Zip Code		
2. Signal	lure		2. Street	74,			
• •	or Print Name)		City/Town	State	Zip Code		
3. Signat	urg		3		·		
	or Print Name)		City/Town	State	Zip Code		
NOTE: If a con	poration acts as incorporate	nt. Carbon copy, photocopy or or, the name of the corporation and verified by him, and after the corporation of the corporation	on and the state of inco	rporation shall be she	own and the execution		
رن		FEE SCH	EDULE	,			
	I franchise tax is assessed h a minimum of \$25.	at the rate of 15/100 of 1 per	rcent (\$1.50 per \$1,000)	on the paid-in capital	represented in this		
₹	fee is \$75.		•				
n • The mini	mum total due (franchise when the Consideration to i	tax + filing fee) is \$100. be Received as set torth in t	tem 4 does not exceed	\$16,667)			
The Department	artment of Business Service	es in Springlield will provide	assistance in calculatin	g line total fees if nec	essary.		
	ecretary of State ent of Business Services	Springlield, IL 62756 Telephone (217) 782-95	1 6 6 -	i i de la compansión de l La compansión de la compa	1 (1) (1) (1) (1) (1) (1)		
C-162-14	2550	782-95	10 ())	of horas	10494		