

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE



Property of Cook County Clerk's Office

Whereas,

ARTICLES OF INCORPORATION OF
GRIFFARD'S WHOLESALE FIRE WOOD, 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.

94920611

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.

In 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 12TH

day of OCTOBER A.D. 1994 and

of the Independence of the United States

the two hundred and 19TH

George H Ryan
SECRETARY OF STATE

25/50
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UNOFFICIAL COPY

Form **BCA-2.10**

ARTICLES OF INCORPORATION

(Rev. Jan. 1991)

FILED

SUBMIT IN DUPLICATE!

Secretary of State
Department of Business Services
Springfield, IL 62758
Telephone (217) 782-6961

OCT 12 1994

GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State

Date 10-12-94

Franchise Tax \$ 25.00

Filing Fee \$ 15.00

Approved: R \$ 400.00

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. **CORPORATE NAME:** Griffard's Wholesale Fire Wood, Inc.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. **Initial Registered Agent:** Edward W. Mulcahy
First Name Middle Initial Last name

Initial Registered Office: 9661 W 143rd Street 200
Number Street Suite #
Orland Park 60462 Cook
City Zip Code County

3. **Purpose or purposes for which the corporation is organized:**
 (If not sufficient space to cover this point, add one or more sheets of this size.)

Processing and sales of fire wood to wholesale and retail customers, sales of related products, and provision of services in connection with fire wood.

DEPT-01 RECORDING \$25.50
 T00012 TRAN 5406 10/27/94 14128100
 00341 SK *-94-920611
 COOK COUNTY RECORDER

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

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ N/A	10,000	1,000	\$ 1,000
				TOTAL \$ 1,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and 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.)

(over)

94920611

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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 shareholders or until their successors are elected and qualify:

Name	Residential Address

6. **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 that will be transacted by the corporation during the following year will be: \$ _____
(d) 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: \$ _____

7. **OPTIONAL: OTHER PROVISIONS**

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

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

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

Dated X 10-6-94, 19____

Signature and Name	Address
1. <u>Christine Griffard</u> Signature Christine Griffard (Type or Print Name)	1. 12740 Ironwood Circle Street Lockport, IL 60441 City/Town State Zip Code
2. _____ Signature (Type or Print Name)	2. _____ Street City/Town State Zip Code
3. _____ Signature (Type or Print Name)	3. _____ Street City/Town State Zip Code

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may 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 shown and the execution shall be by its President or Vice President and verified by him, and attested by its Secretary or Assistant Secretary.

FEE SCHEDULE

- 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, with a minimum of \$25 and a maximum of \$1,000,000.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,687)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State Springfield, IL 62756
Department of Business Services Telephone (217) 782-6961

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