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File Number

5854-216-4



WESTMORELAND BUILDING 9933 LAWLER AVE.

SKOKIE, ILLINOIS 69077

95701245

TRAN 1105 10/16/95 10:09:00 \$8972 ‡ SK ★一学S COOK COUNTY RECORDER

State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF SHEPPED BLECTRIC CO.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRITARY 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. 957/1245

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

A.D. 19 day of the Independence of the United States the two

hundred and

George H Ryan

Secretary of State

C-212.2

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Property of Cook County Cont's Office TEMPORE TO SERVICE

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(Rev Jan. 1991) learge H. Ryan recretary of State repartment of Business Services pringfield, IL 62756 elephone (217) 782-6961 ayment must be made by certified neck, cashier's check, Illinois attor- ey's check, Illinois C.P.A's check or oney order, payable to "Secretary I State."		FILE		SUBMIT IN DUPLICATE! This space for use by Secretary of State
		OCT 10 181 GEORGE H. SECRETARY OF	RYAN F	ranchise Tax \$25.00 iting Fee \$75.00 pproved: 2 \$/00.00
	CORPORATE NAME:	SHEPARD ELECTRIC	C CO.	
	(The corporate name must contain	the word "corporation", "company," "in	corporated," "limited" or an abbr	
	Initial Registered Agent:	Crystal		Nells
	Is it in the said Office.	First Name 5100 Nelson Ave.	Middle Initial	Last name
	Initial Registered Office:	Number Chicayo,	Street 0641	Suite Cook
	•			
		City	Zip Code	County
	(If not sufficient space to cover this	ich the corporation is organized: point, add one or more sheets of inis s	ize.)	
	(If not sufficient space to cover this ALL PHASES OF EL REHABILITATION O SELL AND LEASE O	ich the corporation is organized:	: ize.) IN INCLUDING BUT DELING AND NEW CO RACTING AND SUBCO	NOT LIMITED TO DISTRUCTION; BUY, DITRACTING OF ALL
	(If not sufficient space to cover this ALL PHASES OF EL REHABILITATION O SELL AND LEASE O	ich the corporation is organized; point, add one or more sheets of ris s ECTRICAL CONSTRUCT16 F REAL ESTATE, REMOI F REAL ESTATE; CONTE	: ize.) IN INCLUDING BUT DELING AND NEW CO RACTING AND SUBCO	NOT LIMITED TO DISTRUCTION; BUY, DITRACTING OF ALL
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	(If not sufficient space to cover this ALL PHASES OF EL REHABILITATION O SELL AND LEASE O TYPES OF ELECTRI Paragraph 1: Authorized Sh	ich the corporation is organized: spoint, add one or more sheets of his s ECTRICAL CONSTRUCTION F REAL ESTATE, REMOI F REAL ESTATE; CONTE CAL SERVICES IN CONTE cares, Issued Shares and Considerates	ize.) ON INCLUDING BUT DELING AND NEW CO RACTING AND SUBCO NECTION THEREWITH	NOT LIMITED TO ONSTRUCTION; BUY, ONTRACTING OF ALL I
	ALL PHASES OF EL REHABILITATION O SELL AND LEASE O TYPES OF ELECTRI Paragraph 1: Authorized Sh Par Value per Share	ich the corporation is organized: point, add one or more sheets of ris s ECTRICAL CONSTRUCTION F REAL ESTATE, REMOTE F REAL ESTATE; CONTE CAL SERVICES IN CONTE CAL SERVICES IN CONTE CAL SERVICES Authorized	ize.) IN INCLUDING BUT DELING AND NEW CO RACTING AND SUBCO NECTION THEREWITH deration Received: Number of Sh Proposed to be	NOT LIMITED TO ONSTRUCTION; BUY, ONTRACTING OF ALL I ares Consideration to be Received Therefor

CORPORATION TO BE FORMED AS SUB-CHAPTER "S" PURSUANT TO INTERNAL REV. CODE

- OPTIONS	UN	OFFICI <i>A</i>	AL COF	γ				
5. OPTIONAL:		ctors constituting the initial dresses of the persons wh			annual meeting o			
		r until their successors are						
	Name		Residential Adoress	<u> </u>				
•		<u>.</u>						
· • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·			·			
·								
6. OPTIONAL:	(a) It is estimated t	that the value of all propert	v to be owned by the					
	• •	the following year wherever	•	\$				
	• •	hat the value of the propert	-		and the second second second			
		nois during the following ye		\$				
,)	• •	that the gross amount of the corporation during the fo		S				
•		that the gross amount of						
		places of business in the S	State of Illinois during					
. •	t're 'ollowing ye	ear will be:	•	\$	·			
7. OPTIONAL:	OTHER PASVISIO	MIC	· · · · · · · · · · · · · · · · · · ·					
1. OF HOWAL.		sheet of this size for any	other provision to t	pe included in the	Articles of			
	Incorporation, e.g.,	authorizing preemptive rig	hts, denying comulat	tive voting, regulatir				
•	affairs, voling major	ity requirements, fixing a d	luration other than pe	irpetual, etc.				
	A144770	A AFC TOO/FDLOC	110000000000000000000000000000000000000					
8.	NAME(S) & At Dress(ES) of I	NCORPORATOR(5)				
The undersin	nad incomoratoris) b	ereby declar((s), under per	nalties of periors that	the statements ma	de in the foregoins			
	poration are true.	orco, occion (o , sider por	rances or perjury, man	, the statements ma	ooo iologeni			
* * * * * * * * * * * * * * * * *	•	'.						
Dated	September 23	1995		;	•			
	Address							
1. 1	ptil X July		5106 Nels	on Ave.	<u> </u>			
Signature Cryst:	al Nells		Stroet	~13	60641			
	Print (Marrie)	7/	Cit 1Ci (QO.	State	Zip Code			
2.	Mi	A	2. 5106 1(c) s	on Ave				
Signature	7	, ,	Street					
	l Nells		Chicago	<u> 111.</u>	60641			
(1) (1) (1) (1)	rint Name)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	City/Town	Craie	Zip Gode			
Signature		, , , , , , , , , , , , , , , , , , , 	3. Street					
· _ · _ ·	• •	<u> </u>						
<i>a</i>	Print Name)		City/Town	State	Zip Code			
(Signatures must be NOTE: If a comon	in ink on original docume ation acts as incomorate	nt. Carbon copy, photocopy or ru or, the name of the corporatio	bber stamp signatures ma	ly only be used on confo	imed copies.)			
shall be by its Pre	sident or Vice President	and verified by him, and atte	sted by its Secretary or	Assistant Secretary.	mand the execution			
		FEE SCHE	DULE	•				
The initial fra	anchise tax is assessed	at the rate of 15/100 of 1 perc	ent (\$1.50 per \$1.000) o	on the naid in capital re	epresented in this			
state, with a	minimum of \$25.		on to the per or the sys	ni livo polo in ouprioli vi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
The filing fee	ic \$ 75		•	ARNSTEIN A	IND ZELLER			
		ATTORNEYS AT LAW						
• The minimu	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 \$16,667) 923 LAWLER AVE.							
		•		4400 (0.00)				
The Department	nent of Business Servic	es in Springlield will provide a	issistance in calculating	the total BRSHIE 12	Nets 69977			
Illinois Socra	etary of State	Springfield, IL 62756		•	•			
	of Business Services	Telephone (217) 782-952	2					
•		782-952						

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