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State of Allinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF GUS & PAL'S SERVICE 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.

In Cestimony 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 ______ and of _____ A.D. 19 _95 __ and of the Independence of the United States the two hundred and ______.

George H Ryan
Secretary of State



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Property of Cook County Clerk's Office

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BCA-2.10 | ARTICLES OF INCORPORATION (Rev. Jan. 1995) This space for use by Secretary of State George H. Ryan SUBMIT IN DUPLICATE! FILED Secretary of State Department of Business Services This apace for use by Springfield, IL 62756 Secretary of State APR 2 6 1995 Dato 4 - 26 - 95 Payment must be made by corti-Franchise Tax \$ 21 00 fled check, cashier's check, IIII-GEORGE H. RYAN nois attornoy's check, illinois Filing Foo \$ 15.00 SECRETARY OF STATE C.P. A's check or money order, X100.00 Approving 3 payable to "Secretary of State." JUSY SAL'S SERVICE CORPORATE NAME: (The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.) ONRENCE 2. Initial Registered Agent: Middle Initial First Name Last name FULLERTON 35 on BST. Initial Registered Office: Suite # Number Stroot Hi (060 Purpose or purposes for which the corporation is organized: (If not sufficient space to cover this point, add one or more shedts of this size.) HUYERS OF CARDBOAND DAPER 136 RECYCLED. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received: Par Value Number of Shares Number of Shares Consideration to be Class per Share Authorized Proposed to be Issued **Heceived Therefor** 70 U 00 000,00 MMUN 1000,00 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.)

MAIL JOYI N 76TH AVE ELMWOOD PARK IL 60635 (over)

2532l

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 City, State, ZIP				
	Name Liceian	CASTAD		76TH AVE	City, State, ZIP
					60635
	6.VSTAVO	CASTAD			
6. OPTIONAL:	 (a) It is estimated that the corporation for the foliation for the foliation for the foliation for the State of Illinois distribution for the Illinois distribution for the Illinois distribution for the Illinois distribution for the Illinois for the Illinois distribution for the Ill	ollowing year where o value of the propouring the following year gross amount or poration during the gross amount of the gross amount of the of business in the	ver located will be: inly to be located wi rear will be: I busineus that will I following year will I business that wil	thin \$ be: \$ be	5000 - 5000 - 5000 -
7. OPTIONAL:	OTHER PROVISIONS Attach a separate sheet incorporation, e.g., authoralitairs, voting majority in	orizing preemptive i	ights, denying cun	nulative voting, reg	
8.	NAME(S) & A	DURIESS(ES) OF	INCORPORATO	DR(S)	
Dated	Signature and Name		1/2/5/4 (3):00t	Address	AVE
	TAVO CASTAL)	ELMIN		II 60635
(Type o	r Print Name)		Gity/Town	State 7677	AUE Zip Code
Şignatu			Street	0	- //20
	Print Name)		City/Town	WOOD PARK State	Zip Code
3. ///// Signatur	re (ashir	·····	3	$$ Θ_{x}	· · · · · · · · · · · · · · · · · · ·
(Signatures mus used on conform NOTE: If a corpo	Print Name) It be in BLACK INK on origined copies.) ration acts as incorporator, be by its president or vice pr	the name of the corp	poration and the sta	ate of incorporation	shall be shown and the
)		FEE SCH			- daniela in Book outry.
representer The filling fee The minim (Applies when the Depart Illinois Second	um total due (franchise ta: ier, the Consideration to be ment of Business Services	at the rate of 15/10 rum of \$25. x + filing fee) is \$10 r Received as set for in Springfield will pr ringfield, IL 62756	0 of 1 percent (\$1 0. orth in Item 4 does or	nat exceed \$16,66	7)