

# UNOFFICIAL COPY

## LIMITED POWER OF ATTORNEY KNOW ALL PEOPLE BY THESE PRESENTS THAT WE IWONA KASPROWICZ

96412792

We, have made, constituted, and appointed and BY THESE PRESENTS do make, constitute, and appoint JOHN FARANO, JR., my attorney for me and in my name, place, and stead to transact all business, and make, and deliver all documents and other instruments and to endorse the same to effectuate the sale of the premises located at 1820 N. HONORE, CHICAGO, ILLINOIS 60622

- DEPT-01 RECORDING \$23.00
- T00012 TRAN 0796 05/31/96 10:08:00
- 01667 & CG \*-96-412792
- COOK COUNTY RECORDER

Described as follows:

LOTS ~~48~~ <sup>49</sup> AND 49 IN BLOCK IN SHEFFIELD'S ADDITION TO CHICAGO IN THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 14-31-410-~~623~~  
Commonly Known as: 1820 N. HONORE, CHICAGO, ILLINOIS 60622

All as effectually in all respects as I could do personally, giving and granting unto him/her, the said ATTORNEY, full power and authority to do and to perform all and every act and thing whatsoever, requisite and necessary to be done in and about the premises, as fully, to all intents and purposes, as I might or could do if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying all that JOHN FARANO, JR., my attorney shall lawfully do or cause to be done by virtue hereof.

DATED this 1st day of May, 1996.

IWONA KASPROWICZ

Social Security # 570-84-5113

STATE OF ILLINOIS )  
COUNTY OF COOK )

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT IWONA KASPROWICZ personally known to me to be the same person whose name is subscribed to the foregoing LIMITED POWER OF ATTORNEY, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 1st day of May, 1996.

Michelle M. MacGregor  
NOTARY PUBLIC

Commission expires Jan. 5, 1997



Handwritten notes: 1820 N. HONORE, CHICAGO, ILLINOIS 60622

Handwritten note: 1820 N. HONORE

Vertical stamp: 96412792

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PREPARED BY:  
JOHN FARANO, JR.  
FARANO & WALLACE  
7836 W. 103RD STREET  
PALOS HILLS, ILLINOIS 60465

RETURN TO:  
JOHN FARANO, JR.  
FARANO & WALLACE  
7836 W. 103RD STREET  
PALOS HILLS, ILLINOIS 60465

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98417292

**BOX 333-CTI**

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## Form **BCA-2.10** | **ARTICLES OF INCORPORATION**

(Rev. Jan. 1995)  
 George H. Ryan  
 Secretary of State  
 Department of Business Services  
 Springfield, IL 62756

This space for use by Secretary of State

FILED

MAY 2 1996

GEORGE H. RYAN  
 SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 5-2-96  
 Franchise Tax \$25-  
 Filing Fee \$75-  
 Approved: 3 \$100-

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: Hometown Dads Food Company

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

2. Initial Registered Agent:	<u>Peter</u>	<u>J.</u>	<u>Froehlich</u>
	First Name	Middle Initial	Last name
Initial Registered Office:	<u>1320</u>	<u>Meade Lane</u>	
	Number	Street	Suite #
	<u>Arlington Heights IL</u>	<u>60004</u>	<u>COOK</u>
	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.)  
The transaction of any and all purposes for which corporations may be organized under the Illinois Business Corporation Act of 1983.

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 There
Common A	\$ NPV	1,000	100	\$ 100

TOTAL = \$ 100

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the stock of each class are:  
 (If not sufficient space to cover this point, add one or more sheets of this size.)

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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	City, State, ZIP

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 April 24, 1996

<p>1. <u>Peter J. Froehlich</u>  <small>Signature</small>  <u>Peter J. Froehlich</u>  <small>(Type or Print Name)</small></p> <p>2. _____  <small>Signature</small>  <small>(Type or Print Name)</small></p> <p>3. _____  <small>Signature</small>  <small>(Type or Print Name)</small></p>	<p><u>1220 Meade Lane</u>  <small>Address</small>  <u>Springton Heights, IL</u>  <small>City/Town State Zip Co.</small> <u>60004-7930</u></p> <p>2. _____  <small>Street</small>  <small>City/Town State Zip Co.</small></p> <p>3. _____  <small>Street</small>  <small>City/Town State Zip Co.</small></p>
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(Signatures must be in **BLACK 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.
  - 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 \$16,667)
  - 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) 782-9522 or 782-5523

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