3216/0026 21 001 1997-10-03 10:58:58

Cook County Recorder

File Number

5959-353-6

Office of The Secretary of State

Whereas,

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.

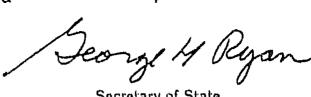
Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In 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 day of A.D. 19

the Independence of the United States the two

hundred and 22ND



and of

Secretary of State

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY97736662 Frage 2 to BCA-2.10 ARTICLES OF INCORPORATION This space for use by Secretary of State SUBMIT IN DUPLICATE!

Payment must be made by certlfled check, cashler's check, Illinois attorney's check, illinois C.P.A's check or maney order, phyable to "Secretary of State."

Department of Business Services

(Hov. Jan. 1995)

Springfield, IL 62756

George H. Ryan Secretary of State

SEP 22 1997

GEORGE H. RYAN SECRETARY OF STATE This space for use by Socretary of State

Dale

4-22-17

Franchiso Tax \$ 75-03 Filing Foo

Approved: 4

1.	CORPORATE NAME: _	DWS BUILDERS,	INC.						
	Ć.,								
	(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.								
		HORST	R -	SEYFERTH					
2. / 7 .	Initial Registered Agent: -	First Name 4003 N. ELSTO	Middle Inilial N AVENUE	Last name					
57	Alfilial Revision Office:	Number CHICAGO,	Straat 60 618	Suite # COOK					
		Cily	Zlp Code	County					

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

to conduct the business of construction, rehabilitation and remodeling of real properties

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

Number of Shares Far Value Number of Shares Consideration to bu Authorized Proposed to be Issued Received Therefor Class por Sharo NPV 10,000 1,000 1.000.00. common

> TOTAL = \$ 1,000.00

Paragraph 2: The proferences, 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.)

5. OPTIONAL:	(a) Number of directors one il princrine initial to act of directors of the eerpo allon:						
	shareholders or until lineir successo						
	Name Douglas Carlson 3814		lesidenilai Address avndale Chi		City, State, ZIP		
	DOUGIAS CALIBON 5515	, , , , , , , , , , , , , , , , , , ,	AMINATE - CIT				
·							
B. OPTIONAL:	(a) It is estimated that the value of all p			4.			
	corporation for the following year wi (b) It is estimated that the value of the p			\$			
	the State of Illinois during the follow	ing year	will be:	\$			
	(c) It is estimated that the gross amount	nl of bus	iness that will be	ድ			
	transacted by the corporation during (d) it is estimated that the gross amou	nt of bus	wing year will be: liness that will be	Φ			
	treneacted from places of business in	n the Sta	le of Illinois during				
•	ine ioʻlowing year will be:			\$			
7. OPTIONAL:	OTHER PriCy/SIONS Attach a separate sheet of this size to incorporation, e.g., arthorizing preempt affairs, voting majority requirements, fixle	ive rights	, denying cumulati	ive voling, regula	e Articles of ating internat		
8.	NAME(S) & ADUHESS(ES	OF INC	ORPORATOR(S	3)			
Articles of Incorp	ned incorporator(s) hereby declare(s), und poration are true, Q-Q-, 19 2	7	3814 N.	Address			
Signatur	o Douglas Carlson		Sheel Sheel	I1. 60618			
(Type or	Print Name)	_	City. Town	State	Zip Code		
2.		_ 2.	Street	<u> </u>			
Signatur	<i>e</i>	_	Sireel	<u> </u>			
, ,,	Print Name)		City/Town	State	Zip Code		
3 Signatur	е	3.	Street	-0,	<u> </u>		
(Typa or	Print Name)		City/Town	Stato	Zip Code		
	be in BLACK INK on original document.	Carbon c		rubber stamp sig	incluies may only be		
used on conform	ed copies.)						
NOTE: II a corpoi execution shall b	ration acts as incorporator, the name of the e by its president or vice president and ve	rified by I	nim, and attested b	y ils secretary or	assistant secretary.		
, · · · · · · · · · · · · · · · · · · ·	FEE S	CHEDU	LE	**************************************			
represented The filling fe The minimum (Applies wh	ranchise tax is assessed at the rate of 1 in this state, with a minimum of \$25. se is \$75. Sum total due (franchise tax + filling fee) is sen the Consideration to be Received as sen of Business Services in Springfield w	\$100. set forth li	ı liem 4 does noi e	exceed \$16,667)			

Illinois Secretary of State Springilleld, IL 62756
Department of Business Services Telephone (217) 782-9522 or 782-9523

C-162.18