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File Number

5920-304-5

DEPT-01 RECORDING \$25.5 7\$7777 TRAN 6169 01/28/97 12:20:00 #8672 + DR *-97-061029 COOK COUNTY RECORDER

97061029

State of Allinois Office of The Secretary of State Office of

Whereas.

ARTICLES OF INCORPORATION OF ROSS SEPVICE GARAGE, INC.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECKPTARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINGIS, 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 Illindis,

at the City of Springfield, this JANUARY A.D. 19 day of

the Independence of the United States the two

hundred and 21ST

Secretary of State

C-212.2

and of

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Property of Coot County Clert's Office

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BCA-2.10 ARTICLES OF INCORPORATION (Rev. Jan. 1995) This space for use by Secretary of State SUBMIT IN DUPLICATE! George H. Ryan Secretary of State Department of Business Services This space for use by Springfield, IL 62756 JAN -7 1997 Secretary of State Date Payment must be made by certi-GEORGE H. RYAN Franchise Tax \$ fied check, cashier's check, Illi-SECRETARY OF STATE Filing Fee nois attorney's check, Illinois C.P.A's check or money order, Approved: مر payable to "Secretary of State." Ross Service Garage, Inc. CORPORATE NAME: _ (The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.) Lehtinen Karl Initial Registered Agent: 2. Middle Initial Last name First Name Chaucer Drive 8320 Initial Registered Office: Suite # Street Number 60480 Cook Willow Springs Zip Code County City Purpose or purposes for which the corporation is organized. If not sufficient space to cover this point, add one or more shoets of this size.) The transaction of any and all lawful business for which a corporation may be incorporated under the Illinois Business Corporation Act. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class Par Value Per Share Number of Shares Proposed to be Issued Received Therefor Number of Shares Proposed Therefor Number of Shares Proposed

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.)

5. OPTIC	(b) Names and addresses of the	uting the initial board ne persons who are t	of directors of to serve as dire	the corporation:	annual meeting o
	shareholders or until their s Name		d and qualify: dential Address	c	ity, State, ZIP
6. OPTIC	NAL: (a) It is estimated that the value corporation for the following (b) It is estimated that the value the State of Illinois during the	year wherever locate of the property to be	ed will be: located within	\$	
	(c) It is estimated that the grost transacted by the corporation	ss amount of busines	ssithat will be	\$	
	(d) It is estimated that the gros	s amount of busines	s that will be	V 	
	transacted from places of but the following year will be:	siness in the State of	Illinois during	\$	
7. OPTIO. 8.	NAL: OTHER PROVISIONS Attach a separate sheet of this incorporation, e.g., authorizing patfairs, voting major by requirements.	preemptive rights, de	nying cumulativ	e voting, regulating	
	dersigned incorporator(s) hereby declar incorporation are true. December 30 Signature and Name	19 <u>96</u> C		Address	riit tile tolegollig
1/\$	nature	73	treet	Inad, Suite 16	
	nn Beata Type or Print Name)		esplaines, City, Town	State	Zip Çode
2	gnature	2	treet		
	rpe or Print Name)		ity/Town	State	Zip Code
3 Sig	nalure	3 S	lree!	- O/Sc.	
\overline{Ty}	pe or Print Name)		ity/Town	State	Zīp Code
used on co NOTE: If a	s must be in <u>BLACK INK</u> on original doct nformed copies.) corporation acts as incorporator, the nam hall be by its president or vice president	e of the corporation a	nd the state of it	ncorporation shall be	shown and the
علاكونونالونونانية		FEE SCHEDULE		والتناوية الإستانية	
repres The fill The m (Applie	nitial franchise tax is assessed at the rasented in this state, with a minimum of \$1 ing fee is \$75. Infimum total due (franchise tax + filling es when the Consideration to be Receive epartment of Business Services in Springfield Springfield	lee) is \$100, ed as set forth in ten glield will provide ass		MAIL TO) :

Springfield, IL 62756

Department of Business Services Telephone (217) 782-9522 or 782-9523

Illinois Secretary of State