FORM **BCA 2.10** (rev. Dec. 2003) **ARTICLES OF INCORPORATION**

Business Corporation Act

Jesse White, Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-9522 217-782-6961 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

pay	yable to Secre	tary of State.							
Se	e Note 1 on b	eack to determine fe	es.						
Fili	ng Fee: \$150	Franchise Tax \$	Total \$_		File #		Approved:		
	Sul	omit in duplicate —	Type or Print	t clearly in b	olack ink ———	— Do not write above	this line ———		
1.	Corporate N	lame:							
		The Corporate Name m	ust contain the word "Co	orporation," "C	ompany," "Incorpo	orated," "Limited" or an abbr	eviation thereof.		
2.	Initial Regis	tered Agent:	First Name		Middle Initial	Last Name			
	Initial Registered Office:Number		mber	Street Suite		te No. (P.O. Box alone is un	acceptable)		
			City		ZIP Co	ide Co	ounty		
3.	Purposes(s) for which the Corporation is Organized: If more space is needed, attach additional sheets of this size. The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.								
4.	Paragraph 1		ares, Issued Shares mber of Shares Authorized		deration Rece Number of Sha Proposed to be Is	res Co	nsideration to be eceived Thereof		
						\$			

Paragraph 2 — The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

TOTAL = \$

If more space is needed, attach additional sheets of this size.

(cont. on back)

ITEMS 5, 6 AND 7 ARE OPTIONAL

5.	b.	Number of Directors constituting the initial board of directors of the corporation: Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:							
		Name	Address		City, State, ZIP				
6.	a.	It is estimated that the value of the proper for the following year wherever located wi		ı \$					
	b.	It is estimated that the value of the proper of Illinois during the following year will be:	hin the State	e \$					
	C.	It is estimated that the gross amount of buthe corporation during the following year		transacted by	\$				
	d.	It is estimated that the gross amount of be from places of business in the State of Illi							
7.	Inc	ner Provisions: Attach a separate sheet or orporation (e.g., authorizing preemptive rig requirements, fixing a duration other than	hts, denying cumul						
		NAME(S) & AD	DRESS(ES) OF IN	CORPORATO	R(S)				
8.		e undersigned incorporator(s) hereby declar ng Articles of Incorporation are true.	re(s), under penaltie	es of perjury, tl	nat the statements	made in the fore-			
	Dat	Month & Day	, <u>Year</u>						
		Signature and Name							
		Signature and Name			Address				
	1.	Signature	1.		Street				
	1.	-	1.	City/Town		ZIP Code			
	1.	Signature Name (type or print)	1.	City/Town	Street	ZIP Code			
		Signature		City/Town	Street	ZIP Code			
	2.	Signature Name (type or print)	2.	City/Town City/Town	Street	ZIP Code			
		Signature Name (type or print) Signature			Street State Street				
	2.	Signature Name (type or print) Signature Name (type or print)	2.		Street State Street				
ma	2. 3.	Signature Name (type or print) Signature Name (type or print) Signature	2. 3. nal document. Car	City/Town City/Town bon copy, photion and the sta	Street State Street State Street State otocopy or rubber ate of incorporation	ZIP Code ZIP Code stamp signatures shall be shown and			
ma NC	2. 3. 3. DTE:	Signature Name (type or print) Signature Name (type or print) Signature Name (type or print) tures must be in BLACK INK on an originally be used on conformed copies. If a corporation acts as incorporator, the nathe execution shall be by a duly authorized. — Fee Schedule:	2. 3. nal document. Car ame of the corporate corporate officer. T	City/Town City/Town bon copy, photon and the staype or print off	Street State Street State Street State otocopy or rubber ate of incorporation	ZIP Code ZIP Code stamp signatures shall be shown and be beneath signature.			
ma NC	2. 3. The (\$1	Signature Name (type or print) Signature Name (type or print) Signature Name (type or print) tures must be in BLACK INK on an originally be used on conformed copies. If a corporation acts as incorporator, the nather execution shall be by a duly authorized.	ame of the corporated corporate officer. To	City/Town City/Town bon copy, phoion and the staype or print off Noteent	Street State Street State Street State otocopy or rubber ate of incorporation icer's name and title	ZIP Code ZIP Code stamp signatures shall be shown and beneath signature.			
ma NC	2. 3. The (\$1 min	Signature Name (type or print) Signature Name (type or print) Signature Name (type or print) tures must be in BLACK INK on an originally be used on conformed copies. If a corporation acts as incorporator, the nather execution shall be by a duly authorized. — Fee Schedule: In initial franchise tax is assessed at the rate initial franc	ame of the corporated corporate officer. To	City/Town City/Town bon copy, phoion and the staype or print off Noteent	Street State Street State Street State otocopy or rubber ate of incorporation icer's name and title ote 2 — Return to:	ZIP Code ZIP Code stamp signatures shall be shown and be beneath signature.			

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City, State, ZIP Code