

(Rev. Jan. 1999)  
 Jesse White  
 Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
<http://www.sos.state.il.us>

This space for use by Secretary of State

***SUBMIT IN DUPLICATE***

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."

**This space for use by Secretary of State**

Date  
 Franchise Tax \$  
 Filing Fee \$  
 Approved:

1. CORPORATE NAME: Acme Manufacturing Company

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

2. Initial Registered Agent: Sam Spade  
*First Name Middle Initial Last name*

Initial Registered Office: 100 Main Street  
*Number Street Suite #*

Chicago IL Cook  
*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 Corporation shall be formed for any lawful purposes and shall have unlimited power to engage in and to do any lawful act concerning any and all lawful businesses for which corporations may be organized under the Business Corporation Act Of 1983. In connection with the above-mentioned purposes, the Corporation shall have the power to invest its funds in real property and securities, to acquire, own, and dispose of real and personal property, and to do all other acts incidental and necessary to the accomplishment of the foregoing purposes, to the extent permitted under the 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 Therefor
Common	N P V	100,000	1,000.	\$ 1,000.00

**TOTAL = \$ 1,000.00**

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.)

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: two .  
 (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  
Sam Spade, 100 Main Street, Chicago, Illinois  
Henry Smith, 555 Fourth Avenue, Chicago, Illinois

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: \$ 100,000.00  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ 100,000.00  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ 25,000.00  
 (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: \$ 25,000.00

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 **November 4, 2000.**

Signature and Name	Address
1. _____ Signature <u>Sam Spade</u> (Type or Print Name)	1. <u>100 Main Street</u> Street <u>Chicago, Illinois</u> City/Town State Zip Code
2. _____ Signature _____ (Type or Print Name)	2. _____ Street _____ City/Town State Zip Code
3. _____ Signature _____ (Type or Print Name)	3. _____ Street _____ City/Town State Zip Code

(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 782-9523

State of Illinois

)  
) ss.  
)

County of Cook

I, \_\_\_\_\_, a Notary Public in and for said County and State, do hereby certify that Sam Spade personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth. Given under my hand and official seal, this November 4, 2000 A.D.

---

Notary Public in and for  
said State