Sulay 1012 - New

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.cyberdriveillingis.com

nit payment in the form of a cashier's cick, certified check, money order in Illinois attorney's or CPA's check able to Secretary of State. 9 Note 1 on back to determine fees. ng Fee: \$150 Franchise Tax \$ Total \$ File # Approved:	ck, certified check, money ord						
Submit in duplicate Type or Print clearly in black ink Do not write above this line Corporate Name: FrankfurtRhineMain Corp. The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof. Initial Registered Agent: Klaus U. Thiedmann First Name Middle Initial Last Name Initial Registered Office: 525 West Monroe Street Suite 2360 Number Street Suite No. (P.O. Box alone is unacceptable) Chicago IL 60661 Cook City ZIP Code County Purposes(s) for which the Corporation is Organized: If more space is needed, attach additional sheets of this size. The marketing of the Frankfurt/Rhine Main region as international business location, and related the transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Busine Corporation Act. Paragraph 1 — Authorized Shares, Issued Shares and Consideration Received: Number of Shares Authorized Proposed to be Issued Received: Class Authorized Shares Number of Shares Consideration to be Received Thereof	an Illinois attorney's or CPA's c vable to Secretary of State.	ier					
Corporate Name: FrankfurtRhineMain Corp. The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof. Initial Registered Agent: Klaus U. Thiedmann First Name Middle Initial Last Name Initial Registered Office: 525 West Monroe Street Suite 2360 Number Street Suite No. (P.O. Box alone is unacceptable) Chicago IL 60661 Cook City ZIP Code County Purposes(s) for which the Corporation is Organized: If more space is needed, attach additional sheets of this size. The marketing of the Frankfurt/Rhine Main region as international business location, and related the transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Busin Corporation Act. Paragraph 1 — Authorized Shares, Issued Shares and Consideration Received: Number of Shares Authorized Proposed to be Issued Received Thereof Common 10000 100 \$ 10,000.00	Note 1 on back to determin	ne fees.					
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The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof. Initial Registered Agent: Klaus U.	———— Submit in duplicat	teTy	pe or Print clea	ırly in black i	nk Do ı	not write above this line —	
Initial Registered Agent: Klaus U. Thiedmann	Corporate Name: Frankfur	tRhineMain C	orp.				
Initial Registered Agent: Klaus U. Thiedmann							
First Name Middle Initial Last Name Last Name Last Name Initial Registered Office: 525 West Monroe Street Suite 2360 Number Street Suite No. (P.O. Box alone is unacceptable) Chicago IL 60661 Cook City ZIP Code County County Chicago IL Suite No. (P.O. Box alone is unacceptable) Chicago IL 60661 Cook County County County Chicago IL Gode County County County County County County County County Co	The Corporate Nat	me must contain	the word "Corporal	tion," "Company	""Incorporated," "Lin	nited" or an abbreviation thereof.	
Initial Registered Office: S25	Initial Registered Agent:					Thiedmann	
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Common 10000 100 \$ 10,000.00							
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(no par value)	* ·	Number of Sha	ires:	Num	ber of Shares	. 745 9 5-8 5-955, 5-65, 5-7	
	Class	Number of Sha Authorized	ires:	Num Propos	ber of Shares ed to be Issued	Received Thereof	
	Common	Number of Sha Authorized	ires:	Num Propos	ber of Shares ed to be Issued	Received Thereof	
	Common	Number of Sha Authorized	ires:	Num Propos	ber of Shares ed to be Issued	Received Thereof	

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

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

(cont. on back)

Printed by authority of the State of Illinois. March 2007 - 10M - C 162.26

ITEMS 5, 6 AND 7 ARE OPTIONAL

	Name	Address		City, State	e, ZIP
		· · · · · · · · · · · · · · · · · · ·			
a.	It is estimated that the value of the prope	rty to be owned by t	he cornoration		
	for the following year wherever located w	ill be:		\$	
b.	It is estimated that the value of the prope		hin the State	•	
C.	of Illinois during the following year will be It is estimated that the gross amount of b	: jusiness that will be	transacted by	\$:	
	the corporation during the following year	will be:		\$	
d.	It is estimated that the gross amount of b	usiness that will be	transacted	en e	
	from places of business in the State of III	inois during the folio	wing year will t	De: \$	and the state of t
Inco	er Provisions: Attach a separate sheet orporation (e.g., authorizing preemptive ri- equirements, fixing a duration other than	ghts, denying cumul			
	NAME(S) & AI	DDRESS(ES) OF IN	CORPORATOR	R(S)	
The ing	undersigned incorporator(s) hereby declar Articles of incorporation are true.	re(s), under penaltic	es of perjury, th	at the statements r	made in the fore
Dat	ed	. 2008			
77.	Month & Day	Year			
	Signature and Name			Address	
11.		1.	525 W	. Monroe Street, St	uite 2360
	Signature			Street	
	Klaus U. Thiedmann		Chicago,	IL	60661
		· · · · · · · · · · · · · · · · · · ·	City/Tourn		
	Name (type or print)		City/Town	State	ZIP Code
2.			City/Town		
2.	Name (type or print)	2.	City/Town	State	
2.	Name (type or print)	2,	City/Town	State	
2. 3.	Name (type or print) Signature Name (type or print)	2.		State Street State	ZIP Code
	Name (type or print) Signature			State Street	ZIP Code
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3. ignat iay oi OTE: ote 1	Name (type or print) Signature Name (type or print) Signature Name (type or print) sures must be in BLACK INK on an orig nly be used on conformed copies. If a corporation acts as incorporator, the the execution shall be by a duly authorize — Fee Schedule:	3. inal document. Car name of the corporal d corp o rate officer. T	City/Town City/Town bon copy, pho tion and the sta ype or print office No	State Street State Street State state tocopy or rubber te of incorporation	ZIP Code ZIP Code Stamp signature Shall be shown a beneath signature
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