

RECEIVED

JUN 26 2009

# CITY OF ROYAL OAK BUSINESS LICENSE APPLICATION CITY CLERK

City of Royal Oak  
211 Williams  
Post Office Box 64  
Royal Oak, Michigan 48068-0064

File in Duplicate

The undersigned hereby applies to the City of Royal Oak for a license to conduct business. In support of this application, the following representations are made:

(ATTACH ADDITIONAL SHEETS WHERE NECESSARY)

1. List the proposed location where business is to be conducted:

218 W. SIXTH ST RO.

2. This application is for a license to conduct: (check one)

( ) Adult Entertainment ( ) Public Amusement/Arcade/Carnival

Hotel/Motel ( ) Pawn Shop

( ) Fireworks ( ) Teen Club

( ) Tattoo Parlor ( ) Other: \_\_\_\_\_

3. Name of Applicant:

Madrid Hotel (J.P. RAYBALS INC)  
(business name)

4. Mailing Address of Applicant:

25807 Princess Dr  
Chesterfield, MO 63005

5. Business will be conducted under one of the following types of organization:

Corporation ( ) Partnership ( ) Proprietorship ( ) Limited Liability Co.

6. Principal office of applicant:

714 S. WASHINGTON RO.

*7/2/09 Emailed to Dept. JK  
7/14/09. Rec'd call from Sam Pallas Re: Madrid - Adv'd. Police Chief Jones  
signed off after emailing to Dept on 7/2 - JK*

7. Individual responsible for filing and certifying this application:

SAM James PALLIS 25807 PRINCESS (810) 560-9739  
Name/Title Address Telephone Number

8. Is the business location(s) owned by the applicant or leased?

Owned  Leased ( )

Name and address of owner/lessor: \_\_\_\_\_  
\_\_\_\_\_

9. Name and Mailing Address of Parent Company, if any: 714 S.

Washington RD 48067

10. Is the applicant or any of its affiliates currently conducting business outside the City of Royal Oak (including other states)? ( ) Yes  No If yes:

<u>Location</u>	<u>Name/Trade Name</u>	<u>Years in Operation</u>
<del>Sylvia Ste...</del>	<del>Rise</del>	<del>3 yrs</del>
<del>Johnson</del>	<del>Accounting Firm</del>	<del>25 yrs</del>

11. Is the applicant, or any business entity controlled by the applicant currently conducting any other business within the City of Royal Oak? Yes  No ( )

If yes:

<u>Name/Trade Name</u>	<u>Location</u>	<u>Years in Operation</u>
<u>Pallis APARTMENTS</u>	<u>621 S. WASHINGTON</u>	<u>26 yrs</u>
<u>Simis RESTAURANT</u>		<u>81 yrs</u>

12. If a corporation, indicate state of incorporation: MI Date: \_\_\_\_\_

\*Attach Certificate of Good Standing issued by the State of Michigan within 60 days of the date of this application.

Name and address of registered agent in Michigan: Sam Pallis  
2508 Princess, CHESTERFIELD ME

13. If a partnership, indicate city/town/state of partnership: MI  
Type of Partnership:  General ( ) Limited Date: N/A

14. If a proprietorship, list the name and address of proprietor: J.P. RENTALS  
SAM PALLIS  
2145 WASHINGTON R.O. MI 48067

15. List three business references. If a company name is being used as a reference, also include the name of a contact person with the company.

<u>Name</u>	<u>Mailing Address</u>	<u>Phone Number</u>
<u>CLARENCE JOHNSON P.P.A</u>		<u>(248) 398-4040</u>
<u>Rise Clothing</u>		<u>(248) 548-8888</u>
<u>Able Pest Control</u>		<u>(248) 280 8530</u>

16. List the name, title and ownership of each director, officer, manager, and partner. Also list any person or entity owning 10% or more of the applicant\*:

<u>Name</u>	<u>Title in Organization</u>	<u>Number of Shares Owned</u>	<u>% of Ownership</u>
<u>Frank J Pallis</u>	<u>VP.</u>		<u>50%</u>
<u>Sam J Pallis</u>	<u>PRES</u>		<u>50%</u>

(attach additional sheets if necessary)

\* Each person listed in this section must complete a Personal Disclosure Statement

17. Has the applicant or any of its affiliates, directors, managers, or officers ever been refused a license to engage in business or had any license revoked or suspended in any state or municipality? ( ) Yes  No  
(If yes, provide complete details on an attachment).

18. Has the applicant or any of its affiliates, directors, managers, or officers ever been the subject of any civil proceeding by any federal, state, county or municipal authority challenging its ability to engage in business?

( ) Yes (X) No

(If yes, provide complete details on an attachment).

19. Briefly describe the experience (business qualifications) of the applicant and its director(s), officer(s), and principal owner(s) if a corporation:

DOING BUSSINESS IN Royal OAK  
with 15 like BUSSINESSES FOR over 25 YRS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Provide a general description of the proposed business activities of the applicant and its method of conducting business. At a minimum, include what services the applicant will provide to the public, how the applicant plans to generate business, etc.

BOARDING ROOMS provided for  
STUDENTS, SENIORS. paid by the WEEK  
or MONTH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheets as necessary)

NOTICE

The City of Royal Oak reserves the right to request additional information from the applicant. Additional requests, if any, will be forwarded to the individual named in paragraph 7 at the address of the applicant specified in paragraph 4.

# CERTIFICATION

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief. I understand that inaccuracies may result in denial of the application. OMISSIONS WILL BE CONSTRUED AS AN INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND WILL BE SUFFICIENT GROUNDS FOR DENIAL.

BY: Sam James Pallis  
(Type or print name)  
[Signature] AGENT  
Signature/Title

STATE OF MICHIGAN

COUNTY OF OAKLAND SS

On this the 15<sup>th</sup> day of MAY, 2009, before me, a Notary Public in and for the County, personally appeared SAM JAMES PALLIS \* known to me to be the said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

James C. Johnson  
Notary Public

My Commission Expires: JANEO C. JOHNSON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES Sep 2, 2010  
ACTING IN COUNTY OF OAKLAND

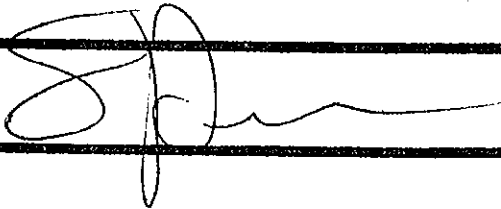
\*Type or print name of person appearing

# Affidavit

## Official Signing of Application (For corporate applicants only)

I, Sam James Pollis of  
Name and Title of Official  
Maclred Hotel (J.P. Rentals Inc)  
Applicant Name

a corporation organized in the State of MICHIGAN do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature		Title	<u>REGISTER</u>
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STATE OF MICHIGAN  
COUNTY OF OAKLAND

SS

Subscribed and sworn to before me, a Notary Public in and for said County, on this 15<sup>th</sup> day of MAY, 2009.

NOTARY SEAL)

James C. Johnson  
Notary Public  
JAMES C. JOHNSON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
My commission expires \_\_\_\_\_  
MY COMMISSION EXPIRES Sep 2, 2013  
ACTING IN COUNTY OF OAKLAND

# Affidavit

## Official Signing of Application (For corporate applicants only)

I, Sam James Pollis of  
Name and Title of Official  
J.P. Rentals  
Applicant Name

a corporation organized in the State of Michigan do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature		Title
----------------------	---	-------

STATE OF MICHIGAN )  
COUNTY OF OAKLAND )

SS

Subscribed and sworn to before me, a Notary Public in and for said County, on this 15<sup>th</sup> day of MAY, 192009.

(NOTARY SEAL)

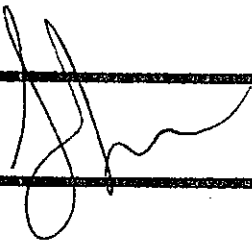
James C. Johnson  
Notary Public  
JAMES C. JOHNSON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
My commission expires \_\_\_\_\_  
MY COMMISSION EXPIRES Sep 2, 2012  
ACTING IN COUNTY OF OAKLAND

# Affidavit

## Official Signing of Application (For corporate applicants only)

I, Sam James Dallas of  
Name and Title of Official  
J.P. Rental INC  
Applicant Name

a corporation organized in the State of Michigan do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

Authorized Signature		Title	<u>AGENT</u>
----------------------	--	-------	--------------

STATE OF MICHIGAN  
COUNTY OF OAKLAND

SS

Subscribed and sworn to before me, a Notary Public in and for said County, on this 15<sup>th</sup> day of MAY, 2009.

(NOTARY SEAL)

James C Johnson  
Notary Public  
JAMES C. JOHNSON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
My commission expires SEP 2, 2018  
ACTING IN COUNTY OF OAKLAND

# Madrid Hotel

## Room Sheet

Name	RM #	RENT	WK 1	WK 2	WK 3	WK 4	WK 5
MARK BROWN	200	100 <sup>00</sup>					
Robert Johnson	201	45 <sup>00</sup>					
Debra Williams	202	75 <sup>00</sup>					
Michael Schan	203	75 <sup>00</sup>					
Mike Ritt	204	75 <sup>00</sup>					
Louise Pratzel	205	100 <sup>00</sup>					
	206						
MARK Green	207	100 <sup>00</sup>					
BANCE McFARLAN	208	80.00					
Linda	209	75 <sup>00</sup>					
JEFF MATTIS	210	75 <sup>00</sup>					
Cheryl McELOW	211	75					
MARILYN BLISS	212	75 <sup>00</sup>					
TIM	214	100 <sup>00</sup>					
McCartney	215						
TIM Sweeny	216	75 <sup>00</sup>					
Denadren Matthews	217	100 <sup>00</sup>					
Rich. Adams	218						
Adams	219						
CHRIS CUPP	220	80 <sup>00</sup>					
MIKE DANIELS	221	75 <sup>00</sup>					
Row White	222	100 <sup>00</sup>					
	223						
Storage	224						

CURRENT AS OF JUNE 1<sup>ST</sup>

SAM DALLIS



City of Royal Oak

LICENSE APPLICATION for: MADRID HOTEL  
(Applicant's Name)

DEPARTMENT RECOMMENDATIONS:

CHIEF OF POLICE: APPROVED:  DENIED: ( )

Comments: \_\_\_\_\_

Date: 7/2/09 Signature: [Signature]

CHIEF INSPECTOR: APPROVED:  DENIED: ( )

Comments: \_\_\_\_\_

Date: 11/10/09 Signature: [Signature]

FIRE MARSHAL: APPROVED:  DENIED: ( )

Comments: \_\_\_\_\_

Date: 7/6/09 Signature: [Signature] FIRE INSPECTOR

PLANNING: APPROVED: ( ) DENIED: ( )

Comments: \_\_\_\_\_

Date: 11/10/09 Signature: [Signature]

CITY COMMISSION:

APPROVED: ( ) DENIED: ( )

Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## BACKGROUND INFORMATION CONSENT FORM

By signing this Consent, I understand and agree to the following:

The following information about me is necessary to assist the City of Royal Oak in evaluating the application of Madrid Hotel (business entity). The information will be used to evaluate, among other things, my experience, character, business reputation, general fitness, and suitability to conduct business as legally required by Ordinance No. 96-16 (with any amendments) of the City of Royal Oak.

I understand that omissions or inaccuracies in completing the application may result in denial of the application. The City of Royal Oak may also conduct an independent investigation of me which may include, but not be limited to, contacting federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information the City of Royal Oak receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.

If information about me would warrant denial of the application, the City of Royal Oak will give the applicant, through the person designated for contact, notice of that fact, including a statement of the legal and/or factual basis which would warrant denial and the applicant's rights in respect thereto.

FULL NAME: Sam James Pollis

ADDRESS: 25807 Princess, Chesterfield Twp, MI

TELEPHONE: (Home) (586) 949-6102 (Business) (248) 548-9377

SOCIAL SECURITY NO. [REDACTED]

DRIVERS LICENSE NO. (State) MI NO. P420

DATE OF BIRTH: [REDACTED]

OTHER NAMES BY WHICH I AM NOW KNOWN OR HAVE USED IN THE PAST:

NONE

SIGNATURE: [Signature] DATE: \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

I, Sam J Pollis, whose residence address is 25807 Princess Chesterfield am

making application to conduct business in the City of Royal Oak at:

Marriott Hotel 218 W Sixth St  
Name and address where business will be conducted

I hereby give my consent and permission to release any record, report, or information pertinent I may have to the City of Royal Oak in order to obtain a business license.

DATE: 5/15/09

Signed: [Signature]

Date of Birth: [Redacted]

Social Security: [Redacted]

STATE OF MICHIGAN

SS

COUNTY OF OAKLAND

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for the above named County and State, the day and date named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purposes therein set forth, that they are duly authorized to execute the instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

NOTARY SEAL

[Signature]  
Signature of Notary Public

A Notary in and for \_\_\_\_\_ County

State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

JAMES C. JOHNSON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES Sep 2, 2013  
ACTING IN COUNTY OF OAKLAND

# CERTIFICATION AND ACKNOWLEDGEMENT

I hereby CERTIFY that the foregoing disclosure statement is true and correct to the best of my knowledge and belief. I understand that inaccuracies may result in the denial of a license to do business and that OMISSIONS WILL BE CONSTRUED AS AN INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND WILL BE SUFFICIENT GROUNDS FOR DENIAL;

And ACKNOWLEDGE that the City of Royal Oak, its agents and employees are authorized to seek information and conduct an investigation into the truth of the statements set forth in this application and that I am required to provide such additional information as may be requested of me.

BY: Sam Pallis  
Type or print name

[Signature]  
Signature

STATE OF MICHIGAN

COUNTY OF OAKLAND SS

On this the 15<sup>th</sup> day of MAY, 2009, before me, a Notary Public in and for the County, personally appeared SAM JAMES PALLIS \* known to me to be the said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(NOTARY SEAL)

[Signature]  
Notary Public

My commission expires: SEP 2, 2013  
JAMES C. JOHNSON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
ACTING IN COUNTY OF OAKLAND

\*Type or print name of person appearing

**CITY OF ROYAL OAK  
PERSONAL DISCLOSURE STATEMENT**

City of Royal Oak  
211 Williams  
Post Office Box 64  
Royal Oak, Michigan 48068-0064

File in Duplicate

Information as indicated herein is required to be filed by every officer, director, or owner of 10% or more of the stock of a corporate applicant, by every partner of a partnership applicant, by the owner when the applicant is a sole proprietorship, and certain employees of businesses as mandated by City Ordinance. A separate form is to be filed by each person. The information indicated must be furnished fully and in detail. Separate exhibits should be attached when space provided is not sufficient to set forth the information completely.

**OMISSIONS WILL BE CONSTRUED AS AN INTENTIONAL FAILURE  
TO DISCLOSE A MATERIAL FACT AND WILL BE  
SUFFICIENT GROUNDS FOR DENIAL**

The following information is furnished by the undersigned in conjunction with and is made a part of the application of:

Madrid Hotel  
(Insert Name of Business Entity)

1. Name: Sam James Pollis  
(Insert full name of person filing this form)

2. Other names (to include all nicknames, maiden names, and/or aliases):  
\_\_\_\_\_

3. Residence Address: 25807 Princess Westfield 48057  
Street City/State/Zip Code

Mailing Address if different: 714 S. Washington RO 48066  
Street City/State/Zip Code

4. Date of Birth: [REDACTED] Place of Birth: MI Citizenship: US

Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED] Sex: Male

5. Social Security Number: [REDACTED]

6. Drivers License: (State) MI Number: [REDACTED]

7. Telephone Number: Home: (586) 949-6102

Work: (248) 548-9377

8. Residence addresses during the last ten years:

FROM		TO		Number	LOCATION			OWNED OR RENTED
Month	Year	Month	Year		Street	City	State	
14	1994		2009	<del>#9</del> 25507	Princess	Chesterfield	MA	OWNED

9. Occupational Record:

Furnish a complete record of employment or business association for the last ten years:

NOTE: All periods of time must be accounted for - periods of unemployment should be indicated and dates given.

FROM		TO		FULL NAME OF EMPLOYER	COMPLETE ADDRESS OF EMPLOYER	POSITION HELD	NATURE OF DUTIES
Month	Year	Month	Year				
	1976		Present	Pallas Restaurant	714 S. Washington	owner/mgr	Operation

PLEASE DUPLICATE THIS FORM AS NEEDED

BUSINESS HISTORY/AFFILIATIONS

10. Have you ever been directly or indirectly connected with any organization, in Michigan or elsewhere, which had its application for a license or license to conduct business refused by any State or Municipal authority, or which withdrew such application to avoid a refusal, or which withdrew such application by request, or which had its license suspended, canceled, revoked, or not renewed by such authority? Yes ( ) No (X)  
(If yes, furnish details.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has any organization with which you were associated as an officer, director, partner, owner, employee or otherwise ever pleaded guilty, pleaded nolo contendere or been found guilty by a judge or jury for a violation of any law of the State of Michigan or elsewhere (excluding motor vehicle traffic laws)? Yes ( ) No (X)  
(If yes, furnish details.)

<u>Date</u>	<u>Title/Nature of Judgment</u>	<u>Court Where Judgment/Order Entered</u>

12. List any past or ongoing formal or informal investigations, examinations, or administrative proceedings conducted by any department, agency or commission of any state or municipality, and any agreements, undertakings or consents entered into with any of the foregoing, involving you (or controlling persons of the business entity/applicant, or affiliates or companies controlled by the business entity/applicant, or controlled by controlling persons of the business entity/applicant). Describe the nature of the inquiry and the result thereof.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List all civil or administrative judgments or orders issued against you or any corporation or other business in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an officer, director, or manager by any state or municipal court or by any department, agency, or commission of any state or municipality. Furnish copies of all such judgments, orders, opinions, reports of investigations, etc.

<u>Date</u>	<u>Title/Nature of Judgment</u>	<u>Court Where Judgment/Order Entered</u>

14. Have you ever applied for any similar type license, in Michigan or elsewhere, received a license, or had your application for a license refused by any State or Municipal authority, (or withdrew such application to avoid a refusal, or withdrew such application by request), or had your license suspended, canceled, revoked, or not renewed by such authority?

Yes ( ) No (  )

(If yes, furnish details.)

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### CRIMINAL OFFENSES

15. List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, which resulted in a conviction, in connection with any crime or offense, other than minor traffic violations.

<u>Charge/Indictment</u>	<u>Name of Charging Authority</u>	<u>Date/Place of Charge</u>	<u>Date of Disposition</u>
<i>NONE</i>			

(Profit Domestic Corporation)

# ARTICLES OF INCORPORATION

These Articles of Incorporation are signed by the incorporator(s) for the purpose of forming a profit corporation pursuant to the provisions of Act 284, Public Acts of 1972, as amended, as follows:

## ARTICLE I.

The name of the corporation is PALLIS MANC. APARTMENTS, INC.  
~~\_\_\_\_\_~~

## ARTICLE II.

The purpose or purposes for which the corporation is organized is to engage in any activity within the purposes for which corporations may be organized under the Business Corporation Act of Michigan.

### RENTING, SUB-LETTING AND IMPROVING OWN PROPERTY -

To own, hold, lease, build, mortgage, encumber, sell, assign and otherwise handle and deal with both real and personal property.

To loan, borrow, raise moneys for any of the purposes of the corporation, without limit as to amount and to draw, make, accept, endorse, guarantee, execute and issue promissory notes, drafts, bills of exchange, warrants, bonds, debentures and other negotiable or other non-negotiable interests and evidences of indebtedness and to secure the payment thereof.

## ARTICLE III.

The total authorized capital stock is:

(1) { Preferred shs. .... Par value \$ ..... }  
      { Common shs. 50,000 ..... Par value \$ ~~10,000~~ \$1.00 } per share

and/or shs. of (2) { Preferred ..... }  
                  { Common ~~50,000~~ ..... } no par value. (See part 3 of instructions)

(3) A statement of all or any of the relative rights, preferences and limitations of the shares of each class is as follows:

PLEASE SEE ARTICLE VII



ARTICLE IV.

(1) The address of the initial registered office is: (See part 4 of Instructions)

30142 Dell Lane, Warren, Michigan 48092  
(No. and Street) (Town or City) (Zip Code)

(2) The mailing address of the initial registered office is filed not be completed unless different from the above address--See part 4 of Instructions)

30142 Dell Lane Warren, Michigan 48092  
(No. and Street) (Town or City) (Zip Code)

(3) The name of the initial resident agent at the registered office is:

James Pallis

ARTICLE V.

The name(s) and address(es) of the incorporator(s) are as follows:

Name	Residence or Business Address
JAMES PALLIS	30142 DELL LANE WARREN MICHIGAN 48092
MARY PALLIS	30142 DELL LANE WARREN MICHIGAN 48092
FRANK PALLIS	30142 DELL LANE WARREN MICHIGAN 48092
SAM PALLIS	30142 DELL LANE WARREN MICHIGAN 48092
ANGELINE M PALLIS	30142 DELL LANE WARREN MICHIGAN 48092

ARTICLE VI.

OPTIONAL (Delete Article VI if not applicable.)

When a compromise or arrangement or a plan of reorganization of this corporation is proposed between this corporation and its creditors or any class of them or between this corporation and its shareholders or any class of them, a court of equity jurisdiction within the state, on application of this corporation or of a creditor or shareholder thereof, or on application of a receiver appointed for the corporation, may order a meeting of the creditors or class of creditors or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, to be summoned in such manner as the court directs. If a majority in number representing 3/4 in value of the creditors or class of creditors, or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or a reorganization, agree to a compromise or arrangement or a reorganization of this corporation as a consequence of the compromise or arrangement, the compromise or arrangement and the reorganization, if sanctioned by the court to which the application has been made, shall be binding on all the creditors or class of creditors, or on all the shareholders or class of shareholders and also on this corporation.

ARTICLE VII.

(Here insert any desired additional provisions authorized by the Act)

THE NAMES OF THE INCORPORATORS AND THE NUMBER AND CLASS OF SHARES ARE AS FOLLOWS:

James Pallis	25,000	- Par Common
Mary Pallis	22,800	- " "
Frank Pallis	1,000	- " "
Sam Pallis	1,000	- " "
Angeline Pallis	1,000	- " "

~~THE TERM OF THE CORPORATE EXISTENCE IS THIRTY YEARS~~

~~DETECTORS~~ DIRECTORS AND OFFICERS ARE-

JAMES PALLIS	President
MARY PALLIS	Sec-Treasurer
SAM PALLIS	
FRANK PALLIS	
ANGELINE PALLIS	

I (We), the incorporator(s), sign my (our) name(s) this 25th day of February, 1977

James Pallis  
Mary Pallis  
Frank Pallis  
Sam Pallis  
Angie Pallis

same address for all

30142 DELL LANE

WARREN MICHIGAN

48092

(See Instructions on Reverse Side)

(Please do not write in spaces below — for Department use)

MICHIGAN DEPARTMENT OF COMMERCE — CORPORATION AND SECURITIES BUREAU	
Date Received MAR 21 1977	FILED Michigan Department of Commerce APR - 5 1977 Richard A. Hildebrandt DIRECTOR

C & S 101  
(Rev. 3-76)

### INFORMATION AND INSTRUCTIONS Articles of Incorporation — Profit Domestic Corporations

1. Article I—The corporate name of a domestic profit corporation is required to contain one of the following words or abbreviations: "Corporation", "Company", "Incorporated", "Limited", "Corp.", "Co.", "Inc." or "Ltd."
2. Article II may state, in general terms, the character of the particular business to be carried on. Under section 202(b) of the law, it is a sufficient compliance to state substantially, *alone or with specifically enumerated purposes*, that the corporation may engage in any activity within the purposes for which corporations may be organized under the Business Corporation Act. The law requires, however, that educational corporations must state their specific purposes.
3. Article III—The law requires the incorporators of a domestic corporation having shares without par value to submit in writing the amount of consideration proposed to be received for each share which shall be allocated to stated capital.
4. Article IV—A post office box is not permitted to be designated as the address of the registered office in part 1 of Article IV. The mailing address in part 2 of Article IV may differ from the address of the registered office *only* if a post office box address in the same city as the registered office is designated as the mailing address.
5. Article V—The law requires one or more incorporators. The addresses should include a street number and name (or other designation), in addition to the name of the city and state.
6. The duration of the corporation should be stated in the Articles *only if the duration is not perpetual*.
7. The Articles must be signed in ink by each incorporator. The names of the incorporators as set out in Article V should correspond with the signatures.
8. One original copy of the Articles is required. A true copy will be prepared by the Corporation and Securities Bureau and returned to the person submitting the Articles for filing.
9. An effective date, not later than 90 days subsequent to the date of filing, may be stated in the Articles of Incorporation.
10. FEES: Filing Fee ..... \$10.00  
Franchise Fee—\$ mill on each dollar of authorized capital stock, with a minimum franchise fee of ..... \$25.00  
(Make fee payable to State of Michigan)
11. Mail Articles of Incorporation and fees to:

Michigan Department of Commerce  
Corporation and Securities Bureau  
Corporation Division  
P. O. Drawer C  
Lansing, Michigan 48904