

Form **LLC-5.5**

June 2005

**Illinois  
Limited Liability Company Act  
Articles of Organization**

FILE #

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
Room 351 Howlett Building  
501 S. Second St.  
Springfield, IL 62756  
www.cyberdriveillinois.com

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Must be typewritten.

This space for use by Secretary of State.

**Filing Fee:** \$500

**Approved:**

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

1. Limited Liability Company Name: \_\_\_\_\_

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.) \_\_\_\_\_

3. Articles of Organization effective on: (check one)

the filing date

a later date (not to exceed 60 days after the filing date): \_\_\_\_\_  
Month, Day, Year

4. Registered Agent's Name and Registered Office Address:

Registered Agent: \_\_\_\_\_  
First Name Middle Initial Last Name

Registered Office: \_\_\_\_\_  
(P.O. Box alone or c/o is unacceptable.)  
Number Street Suite #

City ZIP Code County

5. Purpose(s) for which the Limited Liability Company is organized: (If more space is needed, attach additional 8 1/2" x 11" sheets.)

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. Latest date, if any, upon which the company is to dissolve: \_\_\_\_\_  
(Leave blank if duration is perpetual.) Month, Day, Year

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7. **(OPTIONAL)** Other agreed upon events of dissolution and/or provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional 8 1/2" x 11" sheets.)

8. The Limited Liability Company: (Check either a or b below.)  
a.  is managed by the manager(s) (List names and business addresses.)

b.  has management vested in the member(s) (List names and addresses.)

9. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month, Day Year

1. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name and Title (type or print)  
\_\_\_\_\_  
Name if a Corporation or other entity

1. \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City/Town  
\_\_\_\_\_  
State ZIP Code

2. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name and Title (type or print)  
\_\_\_\_\_  
Name if a Corporation or other entity

2. \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City/Town  
\_\_\_\_\_  
State ZIP Code

**Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.**