

Form **LLC-37.40**

July 2005

**Illinois  
Limited Liability Company Act  
Certificate of Designation**

**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

**SUBMIT IN DUPLICATE**

Must be typewritten

This space for use by Secretary of State.

**Filing Fee:** \$50

**Approved:**

This space for use by Secretary of State.

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

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

Must comply with Section 1-10 of ILLCA or item 2 below applies.

2. State or Country under the laws of which the company is organized: (check one)

Illinois (domestic)

Foreign (specify): \_\_\_\_\_

3. Name of Series: \_\_\_\_\_

Must contain the entire name of the Limited Liability Company and be distinguishable from the names of the other series.

With the filing of this document: (check one)

the existence of the series shall begin.

the name of the series shall be changed to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

the series shall be dissolved.

4. The registered agent and registered office for the Limited Liability Company in Illinois shall serve as the agent and office for service of process in Illinois for each series.

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5. Complete only if different from the Limited Liability Company, or if changed, the Series:  
a) is managed by manager(s).  Yes  No  
*If yes, list names and business addresses:*

- b) has management vested in the member(s).  Yes  No  
*If yes, list names and addresses:*

6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Certificate of Designation is to the best of my knowledge and belief true, correct and complete.

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

\_\_\_\_\_  
Signature (Must comply with Section 5-45 of ILLCA.)

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.