

**Illinois
Limited Liability Company Act**

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

Articles of Organization

This space for use by Secretary of State.

SUBMIT IN DUPLICATE
Must be typewritten

This space for use by Secretary of State.

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.

Filing Fee: \$750

Approved: _____

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: (P.O. Box alone and c/o are unacceptable.)

3. The Articles of Organization are effective on: (check one)
a. _____ the filing date
b. _____ another date later than but not more than 60 days subsequent to 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 company is organized: (If more space is needed, please attach additional 8.5 x 11 sheets.)
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

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

