

ARTICLES OF INCORPORATION

(Do Not Write in This Space)

SUBMIT IN DUPLICATE

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."

DO NOT SEND CASH!

Date

Filing Fee \$50

Approved _____

TO: GEORGE H. RYAN, Secretary of State

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned incorporator(s) hereby adopt the following Articles of Incorporation.

Article 1. The name of the corporation is: _____

Article 2: The name and address of the initial registered agent and registered office are:

Registered Agent _____

First Name

Middle Name

Last Name

Registered Office _____

Number

Street

(Do Not Use P.O. Box)

IL

City

Zip Code

County

Article 3: The first Board of Directors shall be _____ in number, their names and residential addresses being as follows: (Not less than three)

| Director's Names | Number | Street | Address City | State |
|------------------|--------|--------|-----------------|-------|
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Article 4. The purposes for which the corporation is organized are:

Is this corporation a Condominium Association as established under the Condominium Property Act?
☐ Yes ☐ No (Check one)

Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☐ No (Check one)

Is this a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☐ No

Article 5. Other provisions (please use separate page):

NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated _____, 19_____.

SIGNATURES AND NAMES

1. _____
Signature

Name (please print)
2. _____
Signature

Name (please print)
3. _____
Signature

Name (please print)
4. _____
Signature

Name (please print)
5. _____
Signature

Name (please print)

POST OFFICE ADDRESS

1. _____
Street

City/Town State Zip
2. _____
Street

City/Town State Zip
3. _____
Street

City/Town State Zip
4. _____
Street

City/Town State Zip
5. _____
Street

City/Town State Zip

(Signatures must be in **BLACK INK** on original document. Carbon copy, xerox or rubber stamp signatures may only be used on the true copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its President or Vice-President and verified by him, and attested by its Secretary or an Assistant Secretary.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that **it will comply with the State and local laws and ordinances relating to alcoholic liquors.**

FOR INSERTS – USE WHITE PAPER – SIZE 8 1/2 x 11

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|---|--|
| File No. _____ FORM NFP-102.10 ARTICLES OF INCORPORATION under the GENERAL NOT FOR PROFIT CORPORATION ACT of _____ | |
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SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
SPRINGFIELD, ILLINOIS 62756
TELEPHONE (217) 782-9522
782-9523
 (These Articles Must Be Executed and Filed
 in Duplicate)

Filing Fee \$50

C-157.9