

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

**This space for use by
Secretary of State**

George H. Ryan
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL 62756
<http://www.sos.state.il.us>

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 \$500.

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

Date

Assigned File #

Filing Fee	\$500.00
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Approved:

1. Limited Liability Company Name: _____

(The LLC name must contain the words limited liability company or L.L.C. and cannot contain the terms corporation, corp., incorporated, inc., ltd., co., limited partnership, or L.P.)

2. Transacting business under an assumed name: ☐ Yes ☐ No.

(If YES, a Form LLC-1.20 is required to be completed and attached to these Articles.)

3. The address, including county, of its principal place of business: (Post office box alone and c/o are unacceptable.) _____

4. Federal Employer Identification Number (F.E.I.N.): _____.

5. The Articles of Organization are effective on: (Check one)

a) _____ the filing date, or b) _____ another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)

6. The registered agent's name and registered office address is:

Registered agent:

First Name

Middle Initial

Last Name

Registered Office:

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

Number

Street

Suite #

City

Zip Code

County

7. Purpose or purposes for which the LLC is organized: Include the business code # (from IRS Form 1065)

(If not sufficient space to cover this point, add one or more sheets of this size.)

8. The latest date the company is to dissolve _____
(month, day, year)

And other events of dissolution enumerated on an attachment. (Optional)

LLC-5.5

9. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:

☐ Yes ☐ No

If yes, state the provisions(s) and the statutory cite(s) from the ILLCA.

10. a) Management is vested, in whole or in part, in managers: ☐ Yes ☐ No

If yes, list their names and business addresses.

b) Management is retained, in whole or in part, by the members: ☐ Yes ☐ No

If yes, list their names and addresses.

If no, the company has 2 or more members pursuant to S. 5-1 of the ILLCA.

11. The undersigned affirms, 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 _____ 19____

Signature(s) and Name(s) of Organizer(s)

1. _____
Signature

(Type or print name and title)

(Name if a corporation or other entity)
2. _____
Signature

(Type or print name and title)

(Name if a corporation or other entity)
3. _____
Signature

(Type or print name and title)

(Name if a corporation or other entity)

Business Address(es)

1. _____
Number Street

City/Town

State Zip Code
2. _____
Number Street

City/Town

State Zip Code
3. _____
Number Street

City/Town

State Zip Code

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