

Form **LLC-45.5**  
July 2017

**Secretary of State**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

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. If check is returned for any reason this filing will be void.

Illinois  
Limited Liability Company Act  
**Application for Admission to  
Transact Business**

**SUBMIT IN DUPLICATE**

Type or print clearly.

**Filing Fee: \$150**

**Penalty: \$**

**Approved:**

**FILE #**

This space for use by Secretary of State.

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

2. Assumed name: \_\_\_\_\_  
(This item is only applicable if the company name in Item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of organization: \_\_\_\_\_

4. Date of organization: \_\_\_\_\_

5. Period of duration: \_\_\_\_\_  
(Enter perpetual unless there is a date of dissolution provided in the agreement, in which case enter that date.)

6. Address of the principal place of business: (P.O. Box alone or c/o is unacceptable.)

Number	Street	Suite #
City	State	ZIP Code

7. Registered agent: \_\_\_\_\_  
First Name Middle Name Last Name

Registered office: \_\_\_\_\_  
(P.O. Box alone or c/o is unacceptable.)  
Number Street Suite #  
City **IL** ZIP Code

**Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.**

8. If applicable, date on which company first conducted business in Illinois: \_\_\_\_\_

(continued on back)

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9. Purpose(s) for which the company is organized and proposes to conduct business in Illinois: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. The Limited Liability Company: (check one)

is managed by the **manager(s)** or  has management vested in the **member(s)**:

11. List names and business addresses of all managers and any member with the authority of manager:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

13. **This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.**

14. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
If applicant is signing for a company or other entity,  
state name of company or entity.