

**Illinois  
Limited Liability Company Act**

FILE #

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
Rm. 351 Howlett Bldg.  
501 S. Second St.  
Springfield, IL 62756  
www.cyberdriveillinois.com

**LLC Fax Transmittal Request Form for  
Certificates of Good Standing and/or  
Certified Copies of Documents**

This space for use by Secretary of State.

This space for use by Secretary of State.

**FAX: 217-524-3390**

Approved:

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

2. Secretary of State File Number: \_\_\_\_\_

8 digits

Request for:

- Certificate of Good Standing .....\$25
- Expedited** Certificate of Good Standing ..... \$45
- Certified Copy of Articles of Organization ..... \$25
- Expedited** Certified Copy of Articles of Organization ..... \$75
- Certified Copy of Other Document (list below) .....\$25
- Expedited** Certified Copy of Other Document (list below) ..... \$75

\_\_\_\_\_  
Name of Document

\_\_\_\_\_  
Date Filed

**In addition to the above fees, an additional \$2 payment processor fee will be charged when paying by credit card.**

3. Credit Card (check one):

- Visa
- Mastercard
- Discover
- American Express

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Exp. Date

Exact Name of Card Holder: \_\_\_\_\_

Exact Billing Address of Account: \_\_\_\_\_

\_\_\_\_\_  
Name (if different from above)

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
Suite #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

4. Name and Daytime Phone Number of Contact Person (if different from item 3):

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Name	Telephone Number
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5. Mail to:

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First Name	Middle initial	Last Name
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Number	Street	Suite #
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City	State	ZIP Code
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Expedited requests will be mailed within 24 hours. Unless express carrier account number is provided for billing to your account, the document(s) will be sent by regular mail to the address above.

Express Mail Carrier and Account Number: \_\_\_\_\_