

Form **LLC-5.5**

April 2007

Illinois
Limited Liability Company Act
Articles of Organization

FILE # _____

Secretary of State Jesse White

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

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Must be typewritten.

This space for use by Secretary of State.

Filing Fee: \$500

Approved: _____

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.

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 where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.) _____

3. Articles of Organization effective on: (check one)

the filing date

a later date (not to exceed 60 days after 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 Limited Liability Company is organized: (If more space is needed, attach additional sheets of this size.)

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

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

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7. **(OPTIONAL)** Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.)

8. The Limited Liability Company: (Check either a or b below.)

a. is managed by the **manager(s)** (List names and business addresses.)

b. has management vested in the **member(s)** (List names and addresses.)

9. **Name and Address of Organizer(s)**

I affirm, 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 _____, _____
Month & Day Year

1. _____
Signature

Name (type or print)

Name if a Corporation or other Entity, and Title of Signer

2. _____
Signature

Name (type or print)

Name if a Corporation or other Entity, and Title of Signer

1. _____
Number Street

City/Town

State ZIP Code

2. _____
Number Street

City/Town

State ZIP Code

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