

FORM **BCA 13.15** (rev. Sept. 2020)
**APPLICATION FOR AUTHORITY TO
 TRANSACT BUSINESS IN ILLINOIS**
 Business Corporation Act

Secretary of State
 Department of Business Services
 501 S. Second St., Rm. 350
 Springfield, IL 62756
 217-782-1834
 www.cyberdriveillinois.com

Remit payment in the form of a cashier's
 check, certified check, money order
 or an Illinois attorney's or CPA's check
 payable to the Secretary of State.

SEE NOTE 1 CONCERNING PAYMENT. File # _____

Filing Fee: \$ _____ Franchise Tax: \$ _____ Penalty/Interest: \$ _____ Total: \$ _____ Approved: _____

-----**Submit in duplicate** -----**Type or Print clearly in black ink**-----**Do not write above this line**-----

1. (a) CORPORATE NAME: _____

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____

(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation _____; Date of Incorporation _____; Period of Duration _____

3. (a) Address of the principal office, wherever located: _____ (b) Address of principal office in Illinois: _____
 (If none, so state)

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent: _____

First Name Middle Initial Last Name

Registered Office: _____

Number Street Suite #

(A P.O. Box alone is not acceptable.)

City ZIP County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation.)

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

Name No. & Street City State ZIP

President _____

Secretary _____

Director _____

Director _____

Director _____

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size.)

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
(If more, attach list)				

9. Paid-in Capital: \$ _____
("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ _____
- (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ _____
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ _____
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ _____

11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time?
(b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

Dated _____, _____
(Month Day) (Year) (Exact Name of Corporation)

(Any Authorized Officer's Signature)

(Print Name and Title)

* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1 — Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State." The minimum fee due upon qualification is \$150. Any additional fees will be billed and must be paid before this application can be filed.

• Please see filing periods set forth below regarding the franchise tax exemption amount for each year. (Tax amount minus exemption amount. If a negative number, no franchise tax due.)

Franchise Tax Liability Exemption Amounts	
FILING PERIOD	EXEMPTION AMOUNT
1/1/20-12/31/20	Exemption \$30.00
1/1/21-12/31/21	Exemption \$1,000.00
1/1/22-12/31/22	Exemption \$10,000.00
1/1/23-12/31/23	Exemption \$100,000.00
1/1/24 and after	No Franchise Tax Due.

• The minimum total due (franchise tax + filing fee) is \$150.