

1(a) _____ is
being organized as a close corporation.

FORM **BCA 2.10 (2A)** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
Business Corporation Act (Close Corporation)

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9522
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 Secretary of State.

SEE NOTE 1 ON REVERSE TO DETERMINE FEES.

Filing Fee: \$150 Franchise Tax \$ _____ Total \$ _____ File # _____ Approved: _____

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

1. Corporate Name: _____

*NOTE: Item 1(a) in the upper left hand corner must also be completed.

Must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: _____
First Name Middle Name Last Name

Initial Registered Office: _____
Number Street Suite # (P.O. Box alone is unacceptable)

City ZIP County

3. Purpose(s) for which the Corporation is organized:
For more space, attach additional sheets of this size.

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. **Paragraph 1:** Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefore
_____			\$ _____

			TOTAL = \$ _____

Paragraph 2: Preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class:

For more space, attach additional sheets of this size.

5. OPTIONAL:

- a. Number of directors constituting the initial board of directors of the Corporation: _____
- b. Names and addresses of persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify.

Name	Address	City, State, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. OPTIONAL:

- a. Estimated value of all property to be owned by the Corporation for the following year wherever located: \$ _____
- b. Estimated value of the property to be located within the State of Illinois during the following year: \$ _____
- c. Estimated gross amount of business that will be transacted by the corporation during the following year: \$ _____
- d. Estimated gross amount of business that will be transacted from places of business in the State of Illinois during the following year: \$ _____

7. OPTIONAL: OTHER PROVISIONS

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true and correct.

Dated _____, _____
Month & Day Year

Signature and Name	Address
1. _____ <div style="text-align: center; margin-left: 100px;">Signature</div> _____ <div style="text-align: center; margin-left: 100px;">Name (type or print)</div>	1. _____ <div style="text-align: center; margin-left: 100px;">Street</div> _____ <div style="text-align: center; margin-left: 100px;">City/Town</div> <div style="text-align: center; margin-left: 150px;">State</div> <div style="text-align: center; margin-left: 200px;">ZIP</div>
2. _____ <div style="text-align: center; margin-left: 100px;">Signature</div> _____ <div style="text-align: center; margin-left: 100px;">Name (type or print)</div>	2. _____ <div style="text-align: center; margin-left: 100px;">Street</div> _____ <div style="text-align: center; margin-left: 100px;">City/Town</div> <div style="text-align: center; margin-left: 150px;">State</div> <div style="text-align: center; margin-left: 200px;">ZIP</div>
3. _____ <div style="text-align: center; margin-left: 100px;">Signature</div> _____ <div style="text-align: center; margin-left: 100px;">Name (type or print)</div>	3. _____ <div style="text-align: center; margin-left: 100px;">Street</div> _____ <div style="text-align: center; margin-left: 100px;">City/Town</div> <div style="text-align: center; margin-left: 150px;">State</div> <div style="text-align: center; margin-left: 200px;">ZIP</div>

Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies. **NOTE: If a Corporation acts as incorporator, the name of the Corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer.**

Note 1: Fee Schedule

The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25.)

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.

Note 2: Return to:

Firm name

Attention

Mailing Address

City, State, ZIP