

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

FAX: 217-524-3390

Illinois
Limited Liability Company Act
**LLC Fax Transmittal Request Form
for Certificates of Good Standing
and/or Certified Copies of
Documents**

This space for use by Secretary of State.

Approved:

FILE #

Submit 8 digit file # above.

1. Limited Liability Company Name: _____

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 2.35 percent payment processor fee will be charged when paying by credit card (minimum \$1).

2. Credit Card (check one):

- Visa
- Mastercard
- Discover
- American Express

_____ Name of Card Holder

_____ Account Number Exp. Date

Billing Address of Account:

_____ Name (if different from above)

Number

Street

Suite #

City

State

ZIP Code

3. Name and Daytime Phone Number of Contact Person:

_____ Name Email Telephone Number

4. Shipment Method (check one):

- Regular Mail (Complete 5a.)
- Express Mail (Complete 5a. and 5b.)
- Fax (Complete 5c.)
- Email (Complete 5d.)

5a. Send to:

_____ First Name Middle Initial Last Name

_____ Number Street Suite #

_____ City State ZIP Code

5b. Express Mail Carrier and Account Number:

_____ Carrier Name Account Number

5c. Fax to:

_____ Name Fax Number

5d. Email:

Expedited requests will be sent within 24 hours.