

**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

**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.**

Illinois  
Limited Liability Company Act  
**Articles of Organization**

FILE #

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or print clearly.

This space for use by Secretary of State.

**Filing Fee: \$500**

**Approved:**

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 IL ZIP Code

**Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.**

5. Purpose(s) for which the Limited Liability Company is organized:

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

(LLCs organized to provide professional services must list the address(es) from which those services will be rendered if different from item 2. If more space is needed, use additional sheets of this size.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: \_\_\_\_\_

Month, Day, Year

**LLC-5.5**

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 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

1. \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City/Town  
\_\_\_\_\_  
State ZIP Code

2. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_  
Name if a Corporation or other Entity, and Title of Signer

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.**