

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 may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Restated Articles of Organization

SUBMIT IN DUPLICATE
Type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$500
Approved:

FILE #
This space for use by 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 LP.

2. Limited Liability Company Name as originally filed with the Secretary of State: _____

3. Address of Principal Place of Business: (P.O. Box alone or c/o is unacceptable.) _____

4. The original Articles of Organization were effective on: _____
Month, Day, Year

5. 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

6. Purpose(s) for which the LLC 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 3. If more space is needed, use additional sheets of this size.)

LLC-5.30

7. 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

8. Optional provisions for regulation of internal affairs of the LLC per Section 5-5 (a) (8) maybe included as an attachment.

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

a) Management is vested in the manager(s):

List all manager names and business addresses:

b) Management is vested by the member(s):

List all member names and business addresses:

10. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that these Restated Articles of Organization are executed pursuant to Section 5-30 of the Limited Liability Company Act and to the best of my knowledge and belief, true, correct and complete.

Dated _____, _____
Month & Day Year

Signature

Name and Title (type or print)

If applicant is a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.