

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

FILE #

This space for use by Secretary of State.

**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

**SUBMIT IN DUPLICATE**

Type or print clearly.

**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.**

**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 and/or exclusively for the purpose(s) stated below:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

