

FORM **BCA 2.10** (rev. July 2021)
ARTICLES OF INCORPORATION
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9522
217-782-6961
www.ilsos.gov

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 back 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: _____

The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

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

Initial Registered Office: _____
Number Street Suite No. (P.O. Box alone is unacceptable)
IL
City ZIP County

3. Purposes(s) for which the Corporation is Organized:
If more space is needed, 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 Thereof
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL = \$

Paragraph 2 — The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:
If more space is needed, attach additional sheets of this size.

(cont. on back)

ITEMS 5, 6 AND 7 ARE OPTIONAL

5. a. Number of Directors constituting the initial board of directors of the corporation: _____
- b. Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

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

7. 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.).

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

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

Dated _____ , _____
 Month & Day Year

Signature and Name		Address			
1.	_____	1.	_____		
	Signature		Street		
	_____		City/Town	State	ZIP
	Name (type or print)		_____		
2.	_____	2.	_____		
	Signature		Street		
	_____		City/Town	State	ZIP
	Name (type or print)		_____		
3.	_____	3.	_____		
	Signature		Street		
	_____		City/Town	State	ZIP
	Name (type or print)		_____		

Signatures must be in BLACK INK on an 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. Type or print officer's name and title beneath signature.

Note 1 — Fee Schedule:

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

Note 2 — Return to:

Firm name

Attention

Mailing Address

City, State, ZIP

Franchise Tax Liability Exemption Amounts

FILING PERIOD	EXEMPTION AMOUNT
After 1/1/21	Exemption \$1,000.00

- **The minimum total due** (franchise tax + filing fee) is \$150.