

FORM **BCA 2.10 (PSCA)** (rev. July 2021)  
**ARTICLES OF INCORPORATION**  
**Professional Service Corporation**

Secretary of State  
 Department of Business Services  
 501 S. Second St., Rm. 350  
 Springfield, IL 62756  
 217-782-9522  
 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 REVERSE 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: \_\_\_\_\_

Must end with one of the following words or abbreviations: "Chartered," "Limited," "Ltd.," "Professional Corporation," "Prof. Corp." or "P.C."

2. Initial Registered Agent: \_\_\_\_\_

First Name Middle Name Last Name

Initial Registered Office: \_\_\_\_\_

Number Street Suite # (P.O. Box alone is unacceptable)

**IL**

City ZIP County

3. Purpose(s) for which the Corporation is organized:  
**Professional Corporation:** To practice the profession of \_\_\_\_\_,  
 rendering that type of professional service and services ancillary thereto.

Professional service will be rendered from the following address(es):

Number and Street City State ZIP

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 Therefore
			\$ _____

TOTAL = \$ \_\_\_\_\_

**Paragraph 2:** The preferences, qualification, limitations, restrictions and special or relative rights in respect of the shares of each class are:

**For more space, attach additional sheets of this size.**

