E-mail Print Reset

Form **LLC-50.25**
August 2020

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

Illinois
Limited Liability Company Act

LLC Request Form for Certificates of Good Standing and/or Certified Copies of Documents

FILE #

Submit 8 digit file # above.

Fax to: 217-524-3390 **Email to: sosbslld@ilsos.gov**

1. Limited Liability Company Name: _____

Request for:

- ❒ **Routine** Certificate of Good Standing $25
- ❒ **Expedited** Certificate of Good Standing $45
- ❒ **Routine** Certified Copy of Articles of Organization $25
- ❒ **Expedited** Certified Copy of Articles of Organization $75
- ❒ **Routine** Certified Copy of Other Document (list below) $25
- ❒ **Expedited** Certified Copy of Other Document (list below) $75

_____ Name of Document _____ Date Filed

2. In addition to the above fees, an additional payment processor fee will be charged when paying by credit card (minimum $1).

A payment account must be created and used to pay for this transaction. Do not send credit card information with this request.

Create a secure payment account at https://magic.collectorsolutions.com/magic-ui/en-US/Login/ilsos-bs.

Enter the name of the account and the assigned account number below.

Name on Account: _____

Account Number: _____

3. Name, Email and Daytime Phone Number of Contact Person:

_____ Name _____ Email _____ Telephone Number

4. Shipment Method (check one):

☐ Regular Mail (Complete 5a.) ☐ Express Mail (Complete 5a. and 5b.) ☐ Fax (Complete 5c.) ☐ Email (Complete 5d.)

5a. Send to: _____ First Name _____ Middle Initial _____ Last Name

_____ Number _____ Street _____ Suite #

_____ City _____ State _____ ZIP

5b. Express Mail Carrier and Account Number: _____ Carrier Name _____ Account Number

5c. Fax to: _____ Name _____ Fax Number

5d. Email: _____

Expedited requests are processed in 24 hours.
Routine requests are processed in 10 business days.