

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.

Filing Fee: \$150

Approved:

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.

1. Limited Liability Company name (see Note 1): _____

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: _____

(P.O. Box alone or c/o is unacceptable.)

First Name

Middle Initial

Last Name

Registered office: _____

Number

Street

Suite #

City

IL

ZIP

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: (see Note 2)

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

LLC-5.5

7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.) _____

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP

(If additional space is needed, use standard sized paper.)

10. Name and Address of Organizer(s):

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: _____, _____
Month/Day Year

1. _____
Signature

Name and Title (type or print)

If organizer is signing for a company or other entity,
state name of company or entity.

1. _____
Number Street

City

State ZIP

2. _____
Signature

Name (type or print)

If organizer is signing for a company or other entity,
state name of company or entity.

2. _____
Number Street

City

State ZIP

Note 1: The limited liability company name cannot contain any of the following terms or abbreviations including: Corporation, Incorporated, LTD., Co. or Limited Partnership. The name must contain the term **Limited Liability Company, LLC or L.L.C.** For the following two entity types: a company providing professional services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.** The name of a worker cooperative shall end with the term or abbreviation **Limited Worker Cooperative Association, LWCA or L.W.C.A.**

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.