

Form **LWCA-25**

September 2021

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
ilsos.gov

**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.**

Illinois Limited Worker  
Cooperative Association Act  
**Articles of Organization**

**SUBMIT IN DUPLICATE**

Type or print clearly.

**Filing Fee: \$100**

**Approved:**

**FILE #**

This space for use by Secretary of State.

1. Limited Worker Cooperative Association 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 Worker Cooperative Association is organized:

**The transaction of any or all lawful business for which Limited Worker Cooperative Associations 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

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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 Worker Cooperative Association has or will have on the effective date of filing three or more members, unless the sole member is a cooperative.

9. Names and business addresses of the managers 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.

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (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. \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP

**Note 1:** The Limited Worker Cooperative Association name cannot contain any of the following terms or abbreviations including: Corporation, Incorporated, LTD., Co. or Limited Partnership. The name of a worker cooperative shall end with the term or abbreviation **Limited Worker Cooperative Association, LWCA or L.W.C.A.**