

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.	_____ Signature
	_____ Name (type or print)
2.	_____ Signature
	_____ Name (type or print)
3.	_____ Signature
	_____ Name (type or print)

1.	_____ Street
	_____ City/Town State ZIP
2.	_____ Street
	_____ City/Town State ZIP
3.	_____ Street
	_____ City/Town State ZIP

Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures may not 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.)

Franchise Tax Liability Exemption Amounts	
FILING PERIOD	EXEMPTION AMOUNT
After 1/1/21	Exemption \$1,000.00

Note 2 – Return to:

Firm name

Attention

Mailing Address

City, State, ZIP

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