

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
ilsos.gov

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 #

IL

City

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: Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P. The name must contain the term **Limited Liability Company, LLC or L.L.C.** If a company is providing professional services licensed by the Illinois Department of Professional Regulation, the name must contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.**

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.