

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 #

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: 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.