

Form USAR-5.30

October 2018

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

www.usar.sos.us

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

U.S.A.R. Limited Liability Company Act

Restated Articles of Organization

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$150 Approved:

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This space for use by Secretary of State.

Limited Liability C	Limited Liability Company name:						
The LLC name must contain the words Limited Liability Company, L.L.C. or LLC, and cannot contain the terms Corporation, Corp., Incorporation, Ltd., Co., Limited Partnership, or LP.							
2. Limited Liability (Limited Liability Company name as originally filed with the Secretary of State:						
3. Address of principal place of business: (P.O. Box alone or c/o is unacceptable.)							
4. The original Artic	les of Organization were effective on:	Month, Day, Year					
5. Registered agent	's name and registered office address:						
Registered agent	:First Name	Middle Initial	Last Name				
Registered office (P.O. Box alone or c/o is unacceptable.)	·Number	Street	Suite #				
	City	Pro	vince ZIP Code				

6. Purpose(s) for which the LLC is organized: 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:

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7.	The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution							
	date, enter that date I	nere:						
	Month, Day, Year							
8.	(Optional) Provisions for regulation of internal affairs of the company:							
		Use additional sheet of this size if necessary						
9.	Name(s) and busines	s address(es) of the manager and a	any member with the autl	nority of manager:				
	Name	Number/Street	City	Province	ZIP			
	Name	Number/Street	City	Province	ZIP			
	Name	Number/Street	City	Province	ZIP			
	Name	Number/Street	City	Province	ZIP			
10	Organization are exec	ms, under penalties of perjury, havi cuted pursuant to Section 5-30 of the and belief, true, correct and comp	ne USAR Limited Liability					
		Dated		, ,				
			Month & Day	Yea	ar			
	Signature							
			Name and Title (type or print)					

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