



Form **USAR-5.5**  
October 2018

Secretary of State  
Department of Business Services  
U.S.A.R.  
P.O. Box 436885  
Chicago, Province of Illinois  
[60643]  
602-875-9486  
www.usar.sos.us

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.

**U.S.A.R.**  
**Limited Liability Company Act**  
**Articles of Organization**

**SUBMIT IN DUPLICATE**

Type or print clearly.

Filing Fee: \$150

Approved:

FILE #

This space for use by 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

Province

ZIP

**Note: The registered agent must reside in the Province of Illinois. If the agent is a business entity, it must be authorized to act as agent in this province.**

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

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7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use sheets of this size.) \_\_\_\_\_

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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 | Province | ZIP |
| Name | Number & Street | City | Province | ZIP |
| Name | Number & Street | City | Province | ZIP |
| Name | Number & Street | City | Province | ZIP |
| Name | Number & Street | City | Province | ZIP |

(If additional space is needed, use sheets of this size.)

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,  
province name of company or entity.

2. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
If organizer is signing for a company or other entity,  
province name of company or entity.

1. \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City

\_\_\_\_\_  
Province ZIP

2. \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City

\_\_\_\_\_  
Province ZIP

**Note 1:** The name must contain the term Limited Liability Company, LLC or L.L.C. The name cannot contain any of the following terms: "Corporation," "Corp." "Incorporated," "Inc.," "Ltd.," "Co.," "Limited Partnership" or "LP." However, a limited liability company that will provide services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in the name.

**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.