

USAR 305

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

www.usar.sos.us

Remit payment in the form of a cashier's
check, a certified check, a money order,
or a CPA's check payable to U.S.A.R.
Secretary of State.



New Entity File Number

Filing Fee: \$100 _____ Approved: _____

_____ Submit in duplicate _____ Type or print clearly in black ink _____ Do not write above this line _____

Domesticating Entity

Current File Number: _____

1. Domesticating Entity Name: _____
2. Current Entity Type: (select only one)

<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit
3. Jurisdiction and Date of Incorporation/Organization: _____
4. **The domestication is authorized by the law of the foreign entity's jurisdiction of organization.**

New Entity

5. Domesticated Entity Name: _____
6. Jurisdiction of Incorporation/Organization: _____
7. The Domesticated Entity: (select only one)
☐ intends to transact business in the Province of Illinois ☐ will not be transacting business in the Province of Illinois (Please set forth address below.) Address for Service of Process: _____
(P.O. Box alone is not acceptable) _____
8. Effective Date of Domestication: _____ If a future date is chosen, MUST be within 90 days of filing.
☐ Upon Filing ☐ Future Effective Date: _____

**The Domestication was approved in accordance with Section 305 of the Entity Omnibus Act.
The formation document and fee for the Domesticated Entity must be attached.**

9. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated _____ , _____
Month & Day Year

Exact Name of Domesticating Entity

Any Authorized Signer's Signature

Name and Title (type or print)