

1(a) \_\_\_\_\_ is  
being organized as a close corporation.

FORM **BCA 2.10 (2A)** (rev. Dec. 2003)  
**ARTICLES OF INCORPORATION**  
Business Corporation Act (Close Corporation)

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-9522  
www.cyberdriveillinois.com

Remit payment in the form of a cashier's  
check, certified check, money order or an  
Illinois attorney's or CPA's check payable  
to Secretary of State.

**SEE NOTE 1 ON REVERSE TO DETERMINE FEES.**

Filing Fee: \$150 Franchise Tax \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ File # \_\_\_\_\_ Approved: \_\_\_\_\_

----- **Submit in duplicate** ----- **Type or Print clearly in black ink** ----- **Do not write above this line** -----

1. Corporate Name: \_\_\_\_\_

\*NOTE: Item 1(a) in the upper left hand corner must also be completed.

\_\_\_\_\_  
Must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: \_\_\_\_\_

First Name

Middle Name

Last Name

Initial Registered Office: \_\_\_\_\_

Number

Street

Suite # (P.O. Box alone is unacceptable)

City

ZIP Code

County

3. Purpose(s) for which the Corporation is organized:

**For more space, attach additional sheets of this size.**

4. **Paragraph 1:** Authorized Shares, Issued Shares and Consideration Received:

Class

Number of Shares  
Authorized

Number of Shares  
Proposed to be Issued

Consideration to be  
Received Therefor

\_\_\_\_\_  
\$

\_\_\_\_\_  
TOTAL = \$ \_\_\_\_\_

**Paragraph 2:** Preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class:

**For more space, attach additional sheets of this size.**

5. **OPTIONAL:**

- a. Number of directors constituting the initial board of directors of the Corporation: \_\_\_\_\_
- b. Names and addresses of persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify.

Name	Address	City, State, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. **OPTIONAL:**

- a. Estimated value of all property to be owned by the Corporation for the following year wherever located: \$ \_\_\_\_\_
- b. Estimated value of the property to be located within the State of Illinois during the following year: \$ \_\_\_\_\_
- c. Estimated gross amount of business that will be transacted by the corporation during the following year: \$ \_\_\_\_\_
- d. Estimated gross amount of business that will be transacted from places of business in the State of Illinois during the following year: \$ \_\_\_\_\_

7. **OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true and correct.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

Signature and Name	Address
1. _____ Signature _____ Name (type or print)	1. _____ Street _____ City/Town State ZIP Code
2. _____ Signature _____ Name (type or print)	2. _____ Street _____ City/Town State ZIP Code
3. _____ Signature _____ Name (type or print)	3. _____ Street _____ City/Town State ZIP Code

Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies. **NOTE: If a Corporation acts as incorporator, the name of the Corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer.**

**Note 1: Fee Schedule**

The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25.)

The filing fee is \$150

The **minimum total due** (franchise tax + filing fee) is \$175.

**Note 2: Return to:**

\_\_\_\_\_ Firm name

\_\_\_\_\_ Attention

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ City, State, ZIP Code