EOA 305

Illinois Secretary of State
Department of Business Services
STATEMENT OF DOMESTICATION

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.**ilsos**.gov

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

    ☐ For Profit Corporation   ☐ Limited Liability Company   ☐ General Partnership

    ☐ Limited Liability Partnership   ☐ Limited Partnership   ☐ 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 Illinois ☐ will not be transacting business in 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)