

Illinois
Limited Liability Company Act
Certificate of Designation

FILE #

This space for use by Secretary of State.

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:

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

1. Limited Liability Company name: _____

2. State or country under the laws of which the company is organized: (check one)

Illinois (domestic)

Foreign (specify): _____

3. Name of Series: _____

_____ Must begin with the entire name of the Limited Liability Company and be distinguishable from other names in the Series.

4. With the filing of this document:

the existence of the Series shall begin.

the name of the Series shall be changed to: _____

this Series shall be terminated.

manager information is different from the Limited Liability Company or is changed for this Series:

(List names and business addresses.)

5. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Certificate of Designation is to the best of my knowledge and belief true, correct and complete.

Dated: _____

Month, Day, Year

Signature

Name and Title (type or print)

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