## FORM **BCA 13.15** (rev. Dec. 2003) **APPLICATION FOR AUTHORITY TO** TRANSACT BUSINESS IN ILLINOIS

**Business Corporation Act** 

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order


pay	able to	ois attorney's or Clook the Secretary of E 1 CONCERNING	State. File	e #				
Filir	ng Fee	\$	Franchise Tax \$	Penalty	/Interest \$	Total \$	Approv	/ed:
		————Submit ir	duplicate ————	—Type or Print clearly in	n black ink	——Do not write above this li	ne	
1.	(a)	CORPORATE	NAME:					_
	(Co	mplete item 1 (b	) only if the corpor	ate name is not ava	ilable in this stat	e.)		
	(b)	(By electing th	is assumed name,	the corporation her Form BCA 4.15 is	eby agrees NOT	to use its corporate na	ame in the	
2.		te or Country		Date of		Period of		
	of Ir	ncorporation		; Incorporation _		; Duration		
3.	(a)	Address of the	principal office, w	herever located:	· ·	of principal office in Illir none, so state)	nois:	
4.			_	gent and registered	office in Illinois.			
	Reg	gistered Agent: _	First Nam	 e	Middle Initia	al Las	st name	
	Reg	gistered Office: _	Number		Street	S	Suite # (A P.O. B	ox alone
		_						eptable.)
			City		ZIP Code	C	County	
5.	Stat	tes and countries	s in which it is adm	itted or qualified to	transact busines	s: (Include state of inco	orporation)	
6.	Nan	ne and addresse	es of officers and d	irectors: (If more that	an 3 directors an	d/or additional officers,	attach list.)	
		Name	No. & Stre	et	City		State	ZIP
		esident						
		cretary						
		ector						
		ector						
	Dir	ector						

8.							
	Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued		
			(If m	nore, attach list)			
9.	Paid-in Ca ("Paid-in C	pital: \$ apital" replaces th	ne terms Stated Capita	al & Paid-in Surplus and is equa	I to the total of these accounts.)		
10.	corpor (b) Give a corpor (c) State t transa (d) State t	ation for the follow n estimate of the ation for the follow he estimated tota cted by it everywh he estimated ann cted by it at or fro	total value of all the proving year: total value of all the proving year that will be lost business of the corporate for the following you all business of the corporate for the following you all business of the corporate for the following you all business of the corporate for the following you all business of the corporate for the following you all business in the following you all business in the following you all	s roperty* of the rocated in Illinois: \$ roration to be ear: \$ rporation to be n the State of			
11.	(a) Is the	corporation transa	this section must be concerting business in this solution (a) is yes, state the example.	state at this time?	to transact business in Illinois:		
12.	This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.						
13.				ication to be signed by a duly at te true. (All signatures must be	uthorized officer, who affirms, under in <b>BLACK INK.</b> )		
	Dated	(Month & Day)	,(Year)	(Exac	! Name of Corporation)		
		(Any Authorized Oi			,		
		, ,	3				

The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this

state: (If not sufficient space to cover this point, add one or more sheets of this size)

7.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.