

UNOFFICIAL COPY

Form **LLC-5.5**

June 2005

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
Room 351 Howlett Building
501 S. Second St.
Springfield, IL 62756
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act Articles of Organization

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State.

Filing Fee: \$500

Approved: _____

FILE # 0162-518-7

This space for use by Secretary of State.

FILED

SEP 15 2005

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: RELIABLE GROUP, LLC.

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of principal place of business where the records of the company are to be kept: (P.O. Box alone or c/o are unacceptable.) _____

9113 S. Thomas Avenue, Bridgeview, Il. 60455

3. Articles of Organization effective on: (check one)

the filing date _____

Month, Day, Year

a later date (but not more than 60 days subsequent to the filing date): _____

Month, Day, Year

4. Registered Agent's Name and Registered Office Address:

Registered Agent: Zakaria

First Name

Middle Initial

Khudeira

Last Name

Registered Office: 9113 S. Thomas Avenue

(P.O. Box alone or c/o is unacceptable.)

Number

Street

Suite #

Bridgeview

City

60455

ZIP Code

Cook

County

5. Purpose of purposes for which the Limited Liability Company is organized: (If more space is needed, attach additional 8 1/2" x 11" sheets.)

"The transaction of any of all lawful business for which Limited Liability Companies may be organized under this Act."



0533508124

Doc#: **0533508124** Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 12/01/2005 02:20 PM Pg: 1 of 2

6. Latest date, if any, upon which the company is to dissolve: _____
(Leave blank if duration is perpetual.)

Month, Day, Year

