

Filing Fee \$150.00

**LIMITED PARTNERSHIP  
STATE OF MAINE  
ARTICLES OF MERGER**

Pursuant to [31 MRSA §1438](#), the undersigned survivor of the merger executes and delivers the following Articles of Merger:

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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**FIRST:** The names, type of organization and jurisdiction of its governing statute of each constituent organization:

<u>Name</u>	<u>Type of organization</u>	<u>Jurisdiction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name, type of organization and jurisdiction of additional constituent organizations are attached as Exhibit \_\_\_\_\_, and made a part hereof.

**SECOND:** The name and jurisdiction of its governing statute of the surviving limited partnership:

<u>Name</u>	<u>Jurisdiction</u>
_____	_____

**THIRD:** Check only if applicable

The surviving organization was created as a result of the merger.

**FOURTH:** Effective date of the merger (if other than date of filing of the Articles of Merger) is: \_\_\_\_\_  
(Not to exceed 90 days from the date of filing of the Articles of Merger)

**FIFTH:** ("X" one box only)

If the originating document of the survivor of a merger is amended, the amendments to the survivor's originating document are attached as Exhibit \_\_\_\_, and made a part hereof.

If the result of the merger creates a new limited partnership, attached is Exhibit \_\_\_\_\_ which contains all the provisions required to be set forth in its Certificate of Limited Partnership. (attach form [MLPA-6-1](#)).

**SIXTH:** The merger was approved as required by the governing statute for each constituent organization.

**SEVENTH:** A surviving organization that is a foreign organization consents to the jurisdiction of the courts of this State to enforce any obligation owed by a constituent organization, if before the merger the constituent organization was subject to suit in this State on the obligation. A surviving organization that is a foreign organization and not authorized to transact business in this State appoints the Secretary of State as its agent for service of process for the purposes of enforcing an obligation under this [31 MRSA §1439.2](#). Service on the Secretary of State under this [31 MRSA §1439.2](#) is made in the same manner and with the same consequences as in [31 MRSA § 1317, §§ 3 and 4](#).

\_\_\_\_\_  
(mailing address)

**EIGHTH:** Other information required, if any, by the governing statute of any of the constituent organizations are set forth in the attached Exhibit \_\_\_\_ and made a part hereof.

**Must be completed by the First Constituent Organization**

\_\_\_\_\_  
(Name of organization) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(\*Authorized signature) \_\_\_\_\_  
(Type or print name and capacity)

\_\_\_\_\_  
(\*Authorized signature) \_\_\_\_\_  
(Type or print name and capacity)

**Must be completed by the Second Constituent Organization**

\_\_\_\_\_  
(Name of organization) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(\*Authorized signature) \_\_\_\_\_  
(Type or print name and capacity)

\_\_\_\_\_  
(\*Authorized signature) \_\_\_\_\_  
(Type or print name and capacity)

**Must be completed by the Third Constituent Organization**

_____	_____
(Name of organization)	(Date)
_____	_____
(*Authorized signature)	(Type or print name and capacity)
_____	_____
(*Authorized signature)	(Type or print name and capacity)

**Must be completed by the Fourth Constituent Organization**

_____	_____
(Name of organization)	(Date)
_____	_____
(*Authorized signature)	(Type or print name and capacity)
_____	_____
(*Authorized signature)	(Type or print name and capacity)

(Copy this page, and modify participant number, **if more signature spaces are needed.**)

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\*Articles **MUST** be signed as follows:

- (1) For each preexisting constituent limited partnership by all of the **general partners** listed in the Certificate of Limited Partnership; and
- (2) For each other preexisting constituent organization, by an authorized representative.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)