

**DOMESTIC  
NONPROFIT CORPORATION**  
  
**STATE OF MAINE**  
  
**ARTICLES OF MERGER**

**Minimum Fee \$25.00 (See §1401)**

<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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\_\_\_\_\_  
(Merged Maine Corporation)

**INTO**

\_\_\_\_\_  
(Surviving Maine Corporation)

Pursuant to [13-B MRSA §904](#) or [13 MRSA §961](#), the undersigned corporations execute and deliver the following Articles of Merger:

**FIRST:** To be completed by the surviving corporation:  
("X" one box only.)       public benefit corporation       mutual benefit corporation

**SECOND:** The plan of merger is set forth in Exhibit \_\_\_ attached hereto and made a part hereof.

**THIRD:** ("X" one box only for each corporation.) As to each participating corporation, the plan of merger was adopted in the following manner:

Name of Corporation \_\_\_\_\_

- By the members at a meeting on (date) \_\_\_\_\_, at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.
- If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date) \_\_\_\_\_, and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.
- By the written consent of all members entitled to vote with respect thereto, dated \_\_\_\_\_, without resolution of the board of directors.
- There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on \_\_\_\_\_.

Name of Corporation \_\_\_\_\_

- By the members at a meeting on (date) \_\_\_\_\_, at which a quorum was present and such plan received at least a majority of the votes which members were entitled to cast.
- If the Articles of Incorporation require more than a majority vote, by the members at a meeting on (date) \_\_\_\_\_, and such plan received at least the percentage of votes of the members required by the Articles of Incorporation.
- By the written consent of all members entitled to vote with respect thereto, dated \_\_\_\_\_, without resolution of the board of directors.
- There being no members, or no members entitled to vote thereon, the plan was adopted by a majority vote of the board of directors in office at a meeting held on \_\_\_\_\_.

**FOURTH:** The address of the registered office of the surviving corporation in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

The address of the registered office of the merged corporation in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

**FIFTH:** Effective date of the merger (if later than date of filing of Articles) is \_\_\_\_\_  
*(Not to exceed 60 days from date of filing of the Articles)*

**DATED** \_\_\_\_\_  
\_\_\_\_\_ (surviving corporation)

***MUST BE COMPLETED FOR VOTE  
OF MEMBERS***  
I certify that I have custody of the minutes showing  
the above action by the members.  
\_\_\_\_\_  
(name of corporation)  
\_\_\_\_\_  
(signature of clerk, secretary or asst. secretary)

\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

**DATED** \_\_\_\_\_  
\_\_\_\_\_ (merged corporation)

***MUST BE COMPLETED FOR VOTE  
OF MEMBERS***  
I certify that I have custody of the minutes showing  
the above action by the members.  
\_\_\_\_\_  
(name of corporation)  
\_\_\_\_\_  
(signature of clerk, secretary or asst. secretary)

\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized officer. ([13-B MRSA §104.1.B](#))

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

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**