

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

ARTICLES OF MERGER

Minimum Fee \$25.00 (See §1401)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</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)

<p style="text-align: center;"><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></p> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <p>_____ (name of corporation)</p> <p>_____ (signature of clerk, secretary or asst. secretary)</p>
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*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

DATED _____

(merged corporation)

<p style="text-align: center;"><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></p> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <p>_____ (name of corporation)</p> <p>_____ (signature of clerk, secretary or asst. secretary)</p>
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*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*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**

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)