

Filing Fee \$125.00

**FOREIGN
NONPROFIT CORPORATION**

STATE OF MAINE

**ARTICLES OF DOMESTICATION AND
CONVERSION**

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| <p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <p>_____</p> <p>Deputy Secretary of State</p> |
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(Name of Corporation in Jurisdiction of Incorporation)

Pursuant to [13-C MRSA §942](#), the undersigned corporation executes and delivers the following Articles of Domestication and Conversion:

FIRST: If the real corporate name is not available or the corporation desires to change its name in connection with the domestication and conversion, the name it proposes to use in the State of Maine:

_____.

The corporation was originally incorporated in _____ (state or country) and the original date of incorporation was _____.

SECOND: The domestication and conversion of the corporation in this State was duly authorized as required by the laws of the jurisdiction in which the corporation was incorporated.

THIRD: All the statements required to be set forth in Articles of Incorporation (Form MBCA-6-1) are attached as Exhibit _____.

FOURTH: The effective date of the articles of domestication and conversion (if other than the date of filing of the articles of domestication and conversion) is _____.

DATED _____

*By _____
(signature of an officer or other duly authorized representative)

(type or print name and capacity)

*This document **MUST** be signed by an officer or other duly authorized representative. ([§942.1](#))

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)