

**DOMESTIC
BUSINESS CORPORATION**

STATE OF MAINE

ARTICLES OF ENTITY CONVERSION

(Name of Corporation Prior to Conversion)

Filing Fee \$145.00

_____ Deputy Secretary of State
A True Copy When Attested By Signature
_____ Deputy Secretary of State

Pursuant to [13-C MRSA §955.1](#), the undersigned corporation executes and delivers the following Articles of Entity Conversion:

FIRST: The name of the corporation is changed as follows (the name must satisfy the organic law of the surviving entity):

SECOND: The type of unincorporated entity that the surviving entity will be: _____.

THIRD: The plan of entity conversion was duly approved by the shareholders in the manner required by this Act and the corporation's articles of incorporation.

FOURTH: If the surviving entity is a filing entity, attached is Exhibit _____ which contains all the provisions required to be set forth in its public organic document with any other desired provisions that are permitted.

For a Domestic Limited Liability Company, attach form [MLLC-6](#).
For a Domestic Limited Partnership, attach form [MLPA-6-1](#).

FIFTH: The effective date of the articles of entity conversion (if other than the date of filing of the articles of entity 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. (13-C MRSA §955.1)

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)