

LIMITED LIABILITY COMPANY

STATE OF MAINE

STATEMENT OF MERGER
(Relating to a LLC)

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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Pursuant to [31 MRSA §1641](#), the undersigned survivor of the merger executes and delivers the following Statement of Merger:

FIRST: Constituent Organizations that are Parties to the Merger:

<u>Name</u>	<u>Form of Organization</u>	<u>Jurisdiction</u>	<u>Date of Organization</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, form, jurisdiction and date of organization of additional limited liability companies or other constituent organizations are attached as Exhibit _____, and made a part hereof.

SECOND: Surviving Organization:

Name of surviving organization: _____

Form of surviving organization: _____

Jurisdiction of governing statute: _____ Date of its organization: _____

Address of its principal office: _____

THIRD: (Check only one box)

The surviving organization is created by this merger. **The organizational document that creates this surviving organization is attached;** or

The surviving organization existed before the merger. (Check only one box below)

Amendments provided for in the plan of merger for the organizational document that created the surviving organization that are in the public record are attached; or

The organizational documents remain unchanged.

FOURTH: Date the merger is effective under the governing statute of the surviving organization: _____

FIFTH: The merger was approved as required by each constituent organization's governing statute and as required by the organizational documents of each constituent organization that is party to this merger.

SIXTH: (Foreign Surviving Organization Only)

The surviving foreign organization acknowledges it may be served with process in this State by certified mail and the address of its principal office for the purpose of §1644.2 is:

SEVENTH: Additional information required by the governing statute of any constituent organization is set forth in the attached Exhibit _____, and made a part hereof.

Must Be Completed By the First Constituent Organization to the Merger

_____	_____
(Name and form of participating constituent 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 to the Merger

_____	_____
(Name and form of participating constituent 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 to the Merger

_____	_____
(Name and form of participating constituent 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 to the Merger

(Name and form of participating constituent 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.**)

*Pursuant to 31 MRSA §§1643.1 and 1676.1, this statement of merger must be signed by a person authorized by each constituent organization that is party to this merger.

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

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)