

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**ARTICLES OF MERGER**

(Relating to a LP)

Pursuant to **31 MRSA §1438**, the undersigned survivor of the merger executes and delivers the following Articles of Merger:

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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**FIRST: Constituent Organizations that are Parties to the Merger:**

<u>Name</u>	<u>Form of organization</u>	<u>Jurisdiction</u>

Name, form, and jurisdiction of additional 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: \_\_\_\_\_

**THIRD:** Check only if applicable

The surviving organization was created as a result of the merger.

**FOURTH:** Date the merger is effective under the governing statute of the surviving organization: \_\_\_\_\_

**FIFTH:** (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.

**SIXTH:** The merger was approved as required by each constituent organization's governing statute.

**SEVENTH: (Foreign Surviving Organization Only)**

The surviving foreign organization is a foreign organization not authorized to transact business in this State, the street and mailing address of an office that may be used for service of process under [§1439.2](#):

\_\_\_\_\_  
\_\_\_\_\_

**EIGHTH:** 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.**)

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\*Pursuant to [31 MRSA §1438.1](#), these Articles of Merger **MUST** be signed as follows:

- (1) For each preexisting constituent limited partnership by all of the **general partners** listed in the Certificate of Limited Partnership; and
- (2) For each other preexisting constituent organization, by an authorized representative.

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](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

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

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330