|   | <u>r</u>  | ning Fee \$150.00                               |
|---|---|---|
|   | STATE OF MAINE  |   |
| ART   | ICLES OF CONVERSION OF<br>PARTNERSHIP   |   |
|   |   | Deputy Secretary of State                       |
| Pursuant to 31 MRSA §1093 the required number of partners of the undersigned partnership approved a plan of conversion and the undersigned partnership files and executes the following Articles of |   | A True Copy When Attested By Signature          |
| Conversion:   |   | Deputy Secretary of State                       |
| FIRST: SECOND:  | The name of the converting partnership immediately before the conversion is:  The type of entity the resulting entity will be:  |   |
|   | Limited Partnership   | ☐ Corporation                                   |
|   | Limited Liability Limited Partnership   | Limited Liability Company                       |
| <b>THIRD:</b> The name of the resulting entity is (the name must satisfy the organic law of the surviving entity):  |   | tisfy the organic law of the surviving entity): |
| FOURTH:   | The future effective date of the conversion (if other than date of filing of the Articles) is:  |   |
|   | (Not to exceed 90 days  | from date of filing of the Articles)            |
| FIFTH:  | All of the statements required to be set forth in the organizing documents for the resulting entity are attached as Ex The appropriate form (MLPA-6-1 Certificate of Limited Partnership); (MLLC-6 Certificate of Formatic Limited Liability Company) or (MBCA-6-1 Articles of Incorporation of Business Corporation) must be attached. |   |

## **Must Be Completed By The Converting Partnership**

|  |  | DATED   |
|--|--|---|
| (authorized  | d signature)   |   |
| (type or print na  | ame and capacity)  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  | Instructions For Req   | uired Signatures                                      |
| Partnerships   |  |   |
| This document <b>MUST</b> be signed (1) at least one partner <b>OR</b> (2) any duly authorized rep | 1  |   |
| 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   | e payable to the Maine Secretary of State                                  | ÷.  |
| Submit completed form to:  | Secretary of State Division of Corporations, UCC a 101 State House Station | nd Commissions  |
|  | <b>Augusta, ME 04333-0101</b> Telephone Inquiries: (207) 624-77            | 52 Email Inquiries: CEC.Corporations@Maine.gov        |

FORM NO. CONV-PART (2 of 2) 10/23/2018

## **Customer Contact Cover Letter**

| Name of entity(s) on the submitted filings:   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| Optional special handling request(s): (check onl  | ly if applicable)  |  |  |  |
| Hold attested copy for pick up (will be   | e required to pick up at our office in Augusta, Maine)   |  |  |  |
| 24-hour expedited filing (next busines  | ss day) service: \$50 additional filing fee per entity   |  |  |  |
| Immediate expedited filing (same bus  | iness day): \$100 additional filing fee per entity   |  |  |  |
| NOTE: Only one expedite fee is required if filing i   | multiple documents for the <b>same entity/charter number</b> at the same time                      |  |  |  |
| Payment can be made by check or money order obtain a credit card voucher at https://www.maine | r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf. |  |  |  |
| Total fee(s)  | enclosed: \$   |  |  |  |
| (Name of contact person)  | (Daytime telephone number)   |  |  |  |
| (Contact email address for <u>this</u> filing)  | (Email address to use for annual report reminders)   |  |  |  |
| Name and address of person to return the attested   | d copy of the completed filing:  |  |  |  |
| (Nam  | ne of attested copy recipient)   |  |  |  |
|   | (Firm or Company)  |  |  |  |
|   | (Mailing Address)  |  |  |  |
|   | (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

**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 6 E. Chestnut Street, 5th Floor Augusta, ME 04330