

LIMITED PARTNERSHIP**STATE OF MAINE****ARTICLES OF MERGER**

(Relating to a LP)

Deputy Secretary of State_____
A True Copy When Attested By Signature_____
Deputy Secretary of State

Pursuant to [31 MRSA §1438](#), the undersigned survivor of the merger executes and delivers the following Articles of Merger:

FIRST: Constituent Organizations that are Parties to the Merger:**Name****Form of organization****Jurisdiction**

☐ 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.**)

*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

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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/chapter 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: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

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

(Name 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