

**LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**STATEMENT OF MERGER**  
(Relating to a LLC)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

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**

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(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 §§[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](mailto: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):

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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.

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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)