## STATE OF MAINE

## **MERGER**

(Foreign Entities)

The following	ng foreign entities execute and deliver the following Merger:		
FIRST:	Name of the <i>SURVIVING</i> Foreign Entity in the Jurisdiction of Organization:		
	Jurisdiction where organized:		
	If authorized to transact business in Maine, the date authorized is:		
	New name of surviving foreign entity, if changed as result of merger:		
SECOND:	Name of the <i>NONSURVIVING</i> Foreign Entity in the Jurisdiction of Organization (attach additional pages if necessary):		
	Jurisdiction where organized:		
	Date authorized to transact business in Maine (if applicable):		
	Must attach a Certified Copy of the Merger or a Certificate of Merger		

Filing fees: Surviving Entity:

\$25 Foreign Nonprofit Corporation (13-B MRSA §1206) \$100 Foreign Business Corporation (13-C MRSA §1102.2)

\$150 Foreign Limited Liability Company (31 MRSA §1641), Foreign Limited Liability Partnership (31

MRSA §1095), Foreign Limited Partnership (31 MRSA §1436)

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

FORM NO. MERGFOR (1 of 1) 12/23

## **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