

LIMITED LIABILITY COMPANY

STATE OF MAINE

STATEMENT OF MERGER
(Relating to a LLC)

| |
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| <p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p> |
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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

(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 §§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

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/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: \$ _____

(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
111 Sewall Street, 4th Floor
Augusta, ME 04330