

STATE OF MAINE

See below for fees

STATEMENT OF CONVERSION

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to 31 MRSA §1647 the undersigned organization executes and delivers the following statement that it has converted into another organization.

**FIRST: Converting Organization**

The name of the converting organization: \_\_\_\_\_

The form of the converting organization: \_\_\_\_\_

The jurisdiction of the converting organization prior to filing this certificate: \_\_\_\_\_

The date of its organization: \_\_\_\_\_

**SECOND: Converted (Resulting) Organization**

The name of the converted (resulting) organization: \_\_\_\_\_

The form of the converted (resulting) organization: \_\_\_\_\_

The jurisdiction of the converted (resulting) organization's governing statute: \_\_\_\_\_

The date of its organization: \_\_\_\_\_

The address of its principal office is: \_\_\_\_\_

**THIRD:** The date the conversion is effective under the governing statute of the converted organization: \_\_\_\_\_

**FOURTH:** The conversion was approved as required by 31 MRSA Chapter 21 and the limited liability company agreement.

**FIFTH:** The conversion was approved as required by the governing statute of the converted organization.

**SIXTH: (Foreign Converted Organization Only)**

The foreign converted organization acknowledges it may be served with process in this State by certified mail and the address of its principal office for the purposes of §1648.3 is:

\_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Principal office address)

**SEVENTH: Result of Conversion (Select One)**

- \*The organizing document for the converted (resulting) organization is attached as Exhibit\_\_\_\_\_, and made a part hereof; or
- The converted (resulting) is an organization not filing with the Maine Secretary of State’s office.

**Must Be Completed by the Converting Organization**

(name and form of converting organization)	(dated)
(authorized signature)	(type or print name and capacity)
(authorized signature)	(type or print name and capacity)

**\*Filing Fee and Exhibit Requirements:** Select the required exhibit below by clicking the converted (resulting) organization type:

<b>Domestic Business Corporation</b>	<b>Foreign Business Corporation</b>	<b>Filing fee is \$145</b>
<b>Domestic Nonprofit Corporation</b>	<b>Foreign Nonprofit Corporation</b>	<b>Filing fee is \$40</b>
<b>Domestic Limited Partnership</b>	<b>Foreign Limited Partnership</b>	<b>Filing fee is \$175</b>
<b>Domestic Limited Liability Company</b>	<b>Foreign Limited Liability Company</b>	<b>Filing fee is \$175</b>
<b>Domestic Limited Liability Partnership</b>	<b>Foreign Limited Liability Partnership</b>	<b>Filing fee is \$175</b>
<b>Domestic Partnership</b>	<b>Foreign Partnership</b>	<b>Filing fee is \$175</b>

Pursuant to 31 MRSA §§1647 and 1676.1, this statement of conversion must be signed by a person authorized by each constituent organization that is party to this conversion.

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)