

Illinois
Limited Liability Company Act
Articles of Merger

FILE #

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$
(Filing fee \$100 plus \$50 each entity more than two)

Approved:

1. Names of the organizations proposing to merge:

Name of Entity	Form Type (Corporation, Limited Liability Company, Limited Partnership or other permitted entity)	Domestic State or Jurisdiction	Date of Organization or Admission to Illinois	Illinois Secretary of State File Number (if any)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. **A copy of that portion of the plan as approved that contains the name and form of each constituent organization and the surviving organization must be attached to these Articles of Merger.**

3. a. Name of Surviving Entity: _____
- b. File Number assigned by the Illinois Secretary of State (if any): _____
- c. Jurisdiction: _____

4. The surviving organization: (Optional. Check one.)

- is a limited liability company created by this merger. Articles of Organization are included with this filing.
- is another organization type created by this merger. The organizational document is included with this filing.
- pre-exists this merger. Any amendment to the organizational document provided for in the plan of merger is included with this filing.

5. Effective date of the merger: (Check one.)

- The merger is effective upon filing with the Secretary of State.
- The surviving organization is an Illinois limited liability company created by the merger. If applicable, the Articles of Organization have a post-effective date: _____
Month, Day, Year
- The surviving organization is not a limited liability company. If applicable, its governing Statue allows and the plan provides for a post-effective date: _____
Month, Day, Year

LLC-37.25

6. If the surviving organization is a foreign organization not registered to do business in this state, the Secretary of State is its agent for service of process. Street and mailing addresses of the office to which a copy of any process against the company served on the Secretary of State may be mailed:

Number	Street	Suite (PO Box alone is not acceptable.)
City	State	ZIP

7. Additional information required to be included by the governing statutes of any of the parties to this merger:

8. The plan of merger has been approved by each constituent organization. Each constituent organization, in accordance with its governing statute, having the authority to sign hereto, affirms under penalty of perjury that these Articles of Merger are true, correct and complete.

Dated _____, _____
Month & Day Year

1. _____
Signature

Name and Title (type or print)

Name of Entity

2. _____
Signature

Name and Title (type or print)

Name of Entity

3. _____
Signature

Name and Title (type or print)

Name of Entity

4. _____
Signature

Name and Title (type or print)

Name of Entity

If more space is needed, please attach additional sheets of this size.

Signatures must be in black ink on an original document.