

Limited Liability Company Filing Fee \$145.00  
Limited Partnership Filing Fee \$150.00

STATE OF MAINE

ARTICLES/CERTIFICATE  
OF CONVERSION

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

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**A True Copy When Attested By Signature**

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

Pursuant to 31 MRSA §1432 and/or 31 MRSA §746, the required number of owners of the undersigned business entity approved a plan of conversion and the undersigned business entity adopts the following Articles/Certificate of Conversion:

**FIRST:** The date on which the business entity first came into being is \_\_\_\_\_ and its jurisdiction immediately prior to its conversion is \_\_\_\_\_

**SECOND:** The name of the converting business entity is \_\_\_\_\_

**THIRD:** The name of the resulting business entity is \_\_\_\_\_

**FOURTH:** The plan of conversion is on file at the principal place of business of the resulting business entity. A copy of the plan of conversion will be furnished by the resulting business entity, on request and without cost, to any interest holder of the business entity. The address of such place of business is as follows:

\_\_\_\_\_  
\_\_\_\_\_

**FIFTH:** The appropriate form (MLPA-6-1 Certificate of Limited Partnership), (MLLC-6-1 Articles of Organization of Limited Liability Company) or (MLLP-6-1 Certificate of Limited Liability Partnership) must be attached. All of the statements required to be set forth in the organizing documents for the resulting business entity are attached as Exhibit \_\_\_\_\_.

**Must Be Completed By The Converting Business Entity**

_____	_____
(name and type of participating business entity)	(dated)
_____	_____
(authorized signature)	(type or print name and capacity)
_____	_____
(authorized signature)	(type or print name and capacity)

**Instructions for Required Signatures**

**Limited Partnerships** - Pursuant to [31 MRSA §1324.H](#)

If this is a limited partnership, this document **MUST** be signed by  
(1) **each general partner** listed in the certificate of limited partnership

**Limited Liability Companies** - Pursuant to [31 MRSA §627.B](#)

If this is a limited liability company, this document **MUST** be signed by  
(1) at least **one manager OR**  
(2) at least **one member** if the limited liability company is managed by the members

The execution of this certificate constitutes an oath or affirmation, under the penalties of false swearing under [17-A MRSA §453](#).

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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)