

Filing Fee \$70.00

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

**APPLICATION FOR TRANSFER OF
AUTHORITY**

<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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(Name of Corporation)

Pursuant to [13-C MRSA §1524](#), the undersigned foreign corporation executes and delivers the following Application for Transfer of Authority:

FIRST: The **current** jurisdiction of its incorporation is _____
and the date on which it was authorized to transact business in the State of Maine is _____.

SECOND: The type of entity to which it has been converted: ("X" one box only.)

- Foreign Nonprofit Corporation
- Foreign Limited Partnership
- Foreign Limited Liability Company
- Foreign Limited Liability Partnership

THIRD: The **new** jurisdiction whose laws govern its internal affairs is _____.

FOURTH: All the statements required to be set forth in an Application for Authority are attached.

For a Foreign Nonprofit Corporation, attach form MNPCA-12.
 For a Foreign Limited Partnership, attach form MLPA-12.
 For a Foreign Limited Liability Company, attach form MLLC-12.
 For a Foreign Limited Liability Partnership, attach form MLLP-12.

DATED _____

*By _____
(signature of an officer or other duly authorized representative)

(type or print name and capacity)

*This document **MUST** be signed by an officer or other duly authorized representative. ([§1524.1](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

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):

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.

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)