

Filing Fee \$145.00

DOMESTIC OR FOREIGN  
UNINCORPORATED ENTITY

STATE OF MAINE

ARTICLES OF ENTITY CONVERSION

\_\_\_\_\_  
(Name of Unincorporated Entity Prior to Conversion)

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-C MRSA §955.2](#) or [§955.3](#), the undersigned unincorporated entity executes and delivers the following Articles of Entity Conversion:

**FIRST:** The name of the unincorporated entity is changed as follows (the name must satisfy the requirements of [13-C MRSA §401](#)):

\_\_\_\_\_

**SECOND:** **(Foreign Unincorporated Entity Only)** The unincorporated entity was organized in (state or country) \_\_\_\_\_ and the date of organization was \_\_\_\_\_.

**THIRD:** ("X" one box only.)

- (Domestic Unincorporated Entity)** The plan of entity conversion was duly approved in accordance with the organic law of the unincorporated entity.
- (Foreign Unincorporated Entity)** The conversion of the unincorporated entity was duly approved in the manner required by its organic law.

**FOURTH:** All the statements required to be set forth in Articles of Incorporation (Form [MBCA-6-1](#)) are attached as Exhibit \_\_\_\_\_.

**FIFTH:** The effective date of the articles of entity conversion (if other than the date of filing of the articles of entity conversion) is \_\_\_\_\_.

**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. ([13-C MRSA §955.2](#) or [§955.3](#))

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):

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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)