## See below for fees STATE OF MAINE STATEMENT OF CONVERSION Deputy Secretary of State Pursuant to 31 MRSA §1647 the undersigned organization executes and delivers the following statement that it has A True Copy When Attested By Signature converted into another organization. Deputy Secretary of State 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: Res	sult of Conversion (S	Select One)				
	*The organizing do part hereof; or	ocument for the converted	(resulting) organizat	tion is attached as Exhibit_	, and made a	
	The converted (res	converted (resulting) is an organization not filing with the Maine Secretary of State's office.				
		Must Be Completed b	y the Converting	Organization		
(name and form of converting organization)			_	(dated)		
(authorized signature)		_	(type or print name and capacity)			
(authorized signature)		_	(type or print	type or print name and capacity)		
*Filing Fee and	Exhibit Requireme	ents: Select the required o	exhibit below by clic	cking the converted (resul	ting) organization type:	
	Domestic Business Corporation Domestic Nonprofit Corporation Domestic Limited Partnership Domestic Limited Liability Company Domestic Limited Liability Partnership Domestic Partnership		Foreign Business Corporation Foreign Nonprofit Corporation Foreign Limited Partnership Foreign Limited Liability Company Foreign Limited Liability Partnership Foreign Partnership		Filing fee is \$145 Filing fee is \$40 Filing fee is \$175 Filing fee is \$175 Filing fee is \$175 Filing fee is \$175	
	MRSA §§1647 and is party to this conve		f conversion must b	e signed by a person au	thorized by each constituent	
The execution of	this certificate const	tutes an oath or affirmatio	on, under the penaltie	es of false swearing under1	7-A MRSA §453.	
Please remit your	r payment made paya	ble to the Maine Secretary	y of State.			
Submit complete		Secretary of State Division of Corporations 101 State House Station Augusta, ME 04333-010		ssions		

Telephone Inquiries: (207) 624-7752

 $Email\,Inquiries:\,CEC. Corporations@Maine.gov$ 

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:		
Optional special handling request(s): (check onl	y if applicable)	
Hold attested copy for pick up (will be	e required to pick up at our office in Augusta, Maine)	
24-hour expedited filing (next busines	s day) service: \$50 additional filing fee per entity	
Immediate expedited filing (same busing	iness day): \$100 additional filing fee per entity	
<b>NOTE:</b> Only one expedite fee is required if filing n	nultiple documents for the <b>same entity/charter number</b> at the same time.	
Payment can be made by check or money order obtain a credit card voucher at https://www.maine.	c (payable to Maine Secretary of State) or by credit card. You may gov/sos/cec/forms/credit.pdf.	
Total fee(s)	enclosed: \$	
(Name of contact person)	(Daytime telephone number)	
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)	
Name and address of person to return the attested	d copy of the completed filing:	
(Nam	ne of attested copy recipient)	
	(Firm or Company)	
	(Mailing Address)	
	(City, State & Zip)	

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

**Submit filings to:** 

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101 Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4<sup>th</sup> Floor
Augusta, ME 04330