

Illinois
Uniform Partnership Act
**Partnership/Limited Liability Company
Statement 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. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$100.00

Approved: _____

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

1. Name of Entities proposing to merge:

_____ Name of Entity	_____ Type of Entity (Partnership or LLC)	_____ Domestic State or Country	_____ Illinois Secretary of State File #
_____ Name of Entity	_____ Type of Entity (Partnership or LLC)	_____ Domestic State or Country	_____ Illinois Secretary of State File #
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2. The plan of merger has been approved and signed by each Partnership and Limited Liability Company that are parties to the merger.

3. Partnership Federal Employer Identification Number (F.E.I.N.) required: _____

4. a. Name of Surviving Entity: _____

b. Address of Surviving Entity: _____

c. File number of Survivor: _____

d. Check one: Partnership or Limited Liability Company

5. Effective date of merger: (check one)

a. the filing date or

b. a later date, but not more than 30 days subsequent to the filing date: _____

Month, Day, Year

6. If the surviving entity is a Limited Liability Company, indicate the changes necessary to its articles of organization as stated in the plan of merger. If the surviving entity is a Limited Liability Partnership, indicate the changes necessary to its statement of qualification as stated in the plan of merger.

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7. Name of foreign limited liability partnership or foreign limited liability company with organization date and date of qualification in Illinois:

Name of Entity

Jurisdiction

Date Organized

Date qualified in Illinois

8. If the surviving entity is not a partnership or limited liability company organized under the laws of this State, the entity agrees that it may be served with process in this State and is subject to liability in any action or proceeding for the enforcement of any liability or obligation of any partnership or limited liability company which is a party to the merger or which was previously subject to suit in this State, and for the enforcement, as provided in this Act, of the right of partner of any partnership or members of any limited liability company, as the case may be, against the surviving entity.

9. The undersigned entities caused these articles to be signed by the duly authorized person, each of whom affirms, under the penalty of perjury, that the facts herein stated are true, correct and complete.

Executed on the _____ of _____, _____ by a partner of each merging Partnership and
Date Month Year
each Manager or Member of the merging Limited Liability Company.

1. _____
Signature

Name and Title (type or print)

Name of Partnership or Limited Liability Company

2. _____
Signature

Name and Title (type or print)

Name of Partnership or Limited Liability Company

3. _____
Signature

Name and Title (type or print)

Name of Partnership or Limited Liability Company

4. _____
Signature

Name and Title (type or print)

Name of Partnership or Limited Liability Company

For additional space, continue in the same format on a plain white 8.5"x11" sheet of paper.