

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to file Articles of Merger pursuant to section 607.1109, 617.0302 or 605.1025, Florida Statutes. This form is basic and may not meet all merger needs. The advice of an attorney is recommended.

Filing Fees:	\$35.00 Per Party
Certified Copy (optional):	\$8.75

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# **Street Address:**

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

For further information, you may contact the Registration Section at (850) 245-6050.

<u>Important Notice:</u> If merger involves a limited liability company, as a condition of the merger, pursuant to s. 605.0212 (8), F.S. each party to the merger must be active and current through December 31 of the calendar year the merger is being submitted to the Department of State for filing.

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

SUBJECT:

Name of Surviving Party

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_at (\_\_\_\_\_)

Name of Contact Person

Area Code and Daytime Telephone Number

Certified Copy (optional) \$8.75

#### Mailing Address:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

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## Articles of Merger For Florida Profit or Non-Profit Corporation Into Other Business Entity

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109, 617.0302 or 605.1025, Florida Statutes.

**FIRST:** The exact name, form/entity type, and jurisdiction for each <u>merging</u> party are as follows:

Name	Jurisdiction	Form/Entity Type

**SECOND:** The exact name, form/entity type, and jurisdiction of the **<u>surviving</u>** party are as follows:

Name	Jurisdiction	Form/Entity Type

**THIRD:** The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 605, 617, and/or 620, Florida Statutes.

**FOURTH:** The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

**<u>FIFTH</u>**: If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**<u>SIXTH</u>**: If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

**SEVENTH:** If the surviving party is an out-of-state entity, the surviving entity:

a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each domestic corporation that is party to the merger.

b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

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**<u>EIGHTH:</u>** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Corporations:	Chairman, Vice Chairman, P (If no directors selected, sign	
General Partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Signature of a general partne Signature of a general partne Signature of a general partne Signature of a member or au	r or authorized person ners r
Fees:	\$35.00 Per Pa	rty
Certified Copy (optional):	\$8.75	

# PLAN OF MERGER

follows: <u>Name</u>	Jurisdiction	Form/Entity Type
	<u> </u>	<u></u>
SECOND: The exact as follows:	name, form/entity type, and jurisdicti-	on of the <u>surviving</u> party are
<u>Name</u>	Jurisdiction	Form/Entity Type
THIRD: The terms an	nd conditions of the merger are as follo	ows:
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(Attach additional sheet if necessary)

# FOURTH:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

(Attach additional sheet if necessary)

B. The manner and basis of converting the <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into the <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

(Attach additional sheet if necessary)

**<u>FIFTH:</u>** If a partnership is the survivor, the name and business address of each general partner is as follows:

(Attach additional sheet if necessary)

**<u>SIXTH</u>**: If a limited liability company is the survivor, the name and business address of each manager or managing member is as follows:

(Attach additional sheet if necessary)

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**SEVENTH:** Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

(Attach additional sheet if necessary)

**EIGHTH:** Other provision, if any, relating to the merger are as follows:

(Attach additional sheet if necessary)