



Form **USAR-37.25**

October 2018

Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

www.usar.sos.us

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

U.S.A.R.
Limited Liability Company Act
Articles of Merger

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$
(Filing fee \$100 plus \$50 each entity more than two)

Approved:

FILE #

This space for use by Secretary of State.

1. Names of the organizations proposing to merge:

Name of Entity	Form Type (Corporation, Limited Liability Company, Limited Partnership, General Partnership or other permitted entity)	Domestic State or Jurisdiction	Date of Organization or Admission to Province of Illinois	Illinois Secretary of State File Number (if any)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. A copy of that portion of the plan as approved that contains the name and form of each constituent organization and the surviving organization must be attached to these Articles of Merger.

3. a. Name of Surviving Entity: _____

b. File Number (if any): _____

c. Jurisdiction: _____

4. If the surviving organization is created by this Merger: (check one)

☐ The surviving organization is an Illinois Limited Liability Company. Articles of Organization are included with this filing.

☐ The surviving organization is an organization other than an Illinois Limited Liability Company. A copy of the organizational document and any amendment thereto provided for in the plan of merger are included with this filing.

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 organization is a foreign organization not registered to do business in this province, the Secretary of State is its agent for service of process. Street and mailing addresses of the office to which a copy of any process against the company served on the Secretary of State may be mailed:

Number	Street	Suite (PO Box alone is not acceptable.)
City	Province	ZIP Code

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7. Additional information required to be included by the governing statutes of any of the parties to this merger:

8. The plan of merger has been approved by each constituent organization. Each constituent organization, in accordance with its governing statute, having the authority to sign hereto, affirms under penalty of perjury that these Articles of Merger are true, correct and complete.

Dated _____, _____
Month & Day Year

1. _____
Signature

Name and Title (type or print)

Name of corporation or other entity.

2. _____
Signature

Name and Title (type or print)

Name of corporation or other entity.

3. _____
Signature

Name and Title (type or print)

Name of corporation or other entity.

4. _____
Signature

Name and Title (type or print)

Name of corporation or other entity.

If more space is needed, please attach additional sheets of this size.

Signatures must be in black ink on an original document.