

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment must be made by check or money order payable to Secretary of State. Filing fee is \$100, but if merger of more than two entities, \$50 for each additional entity.

**Illinois  
Limited Liability Company Act  
Articles of Merger**

**FILE #:** \_\_\_\_\_

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Must be typewritten.

This space for use by Secretary of State.

**Date:**  
**Filing Fee:** \$  
**Approved:**

1. Names of Entities proposing to merge, and State or Country of Organization:

| Name of Entity | Type of Entity (Corporation, Limited Liability Company, Limited Partnership, General Partnership or other permitted entity) | Domestic State or Country | Illinois Secretary of State File Number (if any) |
|----------------|---|---------------------------|--|
| _____          | _____   | _____                     | _____  |
| _____          | _____   | _____                     | _____  |
| _____          | _____   | _____                     | _____  |

2. The plan of merger has been approved and signed by each Limited Liability Company and other entity that is to merge. If a corporation is a party to the merger, a copy of the plan as approved is attached to these Articles of Merger.

3. a. Name of Surviving Entity: \_\_\_\_\_

b. Address of Surviving Entity: \_\_\_\_\_

4. 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

5. If the survivor is a Limited Liability Company, indicate changes that are necessary to its Articles of Organization by reason of this merger:

**LLC-37.25**

6. For the Limited Liability Companies that are parties to the merger, complete the following:

| Name of LLC | Jurisdiction | Organization Date | Date of Admission to Illinois (foreign LLC's) |
|-------------|--------------|-------------------|---|
| _____       | _____        | _____             | _____   |
| _____       | _____        | _____             | _____   |
| _____       | _____        | _____             | _____   |

7. If the surviving entity is not a Limited Liability Company, the entity agrees that it may be served with process in Illinois and is subject to liability in any action or proceeding for the enforcement of any liability or obligation of a Limited Liability Company previously subject to suit in this State, which is to merge, and for the enforcement, as provided in this Act, of the right of members of any Limited Liability Company to receive payment for their interest against the surviving entity.

8. The undersigned entities caused these Articles of Merger to be signed by the duly authorized person, each of whom affirms, under penalty of perjury, that the facts stated herein are true.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

|  |  |
|--|--|
| 1. _____<br>Signature                          | 2. _____<br>Signature                          |
| _____<br>Name and Title (type or print)        | _____<br>Name and Title (type or print)        |
| _____<br>Name if a Corporation or other Entity | _____<br>Name if a Corporation or other Entity |
| 3. _____<br>Signature                          | 4. _____<br>Signature                          |
| _____<br>Name and Title (type or print)        | _____<br>Name and Title (type or print)        |
| _____<br>Name if a Corporation or other Entity | _____<br>Name if a 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.  
Carbon copy, photocopy or rubber stamp signatures  
may only be used on conformed copies.**