



ARTICLES OF MERGER

State Form 56363 (R7 / 01-26)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
 302 West Washington Street, Room E018
 Indianapolis, IN 46204
 Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

NOTE: Following the completion of the merger, all assumed names of the non-surviving entity will be cancelled and available for use. If the surviving entity wishes to operate under any of the assumed names owned by the non-surviving entity, the surviving entity must file a Certificate of Assumed Business Name (State Form 30353) for each assumed name along with the Articles of Merger. Failure to do so may result in the assumed name being unavailable for use, as assumed names must now be distinguishable upon the record of the Secretary of State.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-0.5-9-45
23-0.6-2-5

FILING FEE:
For-Profit Entities: \$90.00

The undersigned, desiring to engage in a merger pursuant to the provisions of Indiana Code 23-0.6-2, executes the following Articles of Merger.

ARTICLE I – NON-SURVIVING ENTITIES

Please provide the name, entity type, and jurisdiction of formation for each merging entity that is not the surviving entity.

Name	Entity Type	Jurisdiction of Formation

ARTICLE II – SURVIVING ENTITY

SECTION 1: Name of the entity (*The name must meet the requirements of Indiana Code 23-0.5-3-1.*)

The name of the merging entity that is the surviving entity

SECTION 2: Entity type (*Example: corporation, limited liability company, etc.*)

The entity type of the surviving entity

SECTION 3: Jurisdiction

The jurisdiction of formation of the surviving entity

ARTICLE III – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

<input type="checkbox"/> Commercial registered agent	Name of registered agent (<i>Do not provide address.</i>)		
OR			
<input type="checkbox"/> Noncommercial registered agent	Name of registered agent		
Address (<i>number and street</i>) (<i>A P.O. Box is not acceptable unless accompanied by a Rural Route number.</i>)		City	State IN
ZIP code			
(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process			
<input type="checkbox"/> By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Merger has consented to the appointment of Registered Agent.			

ARTICLE IV – EFFECTIVE DATE

Effective date of the Articles of Merger (*month, day, year*) (*The effective date may not be more than ninety (90) days after the date the Articles of Merger were filed.*)

ARTICLE V – ADDITIONAL INFORMATION

Please complete either a. or b. below.

- a. If the surviving entity is a domestic entity, please attach any amendments to the entity's public organic record approved as part of the plan of merger as required by Indiana Code 23-0.6-2-5(b)(5) and designate it "Exhibit A."
- b. If the surviving entity is a foreign entity that is not a registered foreign entity, please provide an address to which the Secretary of State may send any process served on the Secretary of State under Indiana Code 23-0.6-2-5(b)(6).

Number and street	City	State	ZIP code
<input type="checkbox"/> The address listed for service of process is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 12345 with your filing)</i>		PMB #	

ARTICLE VI – APPROVAL

This merger was approved in accordance with Indiana Code 23-0.6.

In Witness Whereof, the undersigned duly authorized representative(s) of the merging entity(ies) executes these Articles of Merger and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature	Printed name	Title
Signature	Printed name	Title
Signature	Printed name	Title
Signature	Printed name	Title