



**ARTICLES OF CONVERSION  
FOREIGN ENTITY CONVERTING  
TO INDIANA LLC**

State Form 56355 (R6 / 01-26)  
Approved by State Board of Accounts, 2024

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

**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)	





# ARTICLES OF CONVERSION FOREIGN ENTITY CONVERTING TO INDIANA LLC

State Form 56355 (R6 / 01-26)  
Approved by State Board of Accounts, 2024

Indiana Code 23-0.5-9-49  
23-0.6-4-5

**FILING FEE: \$30.00**

The undersigned, desiring to convert a foreign entity pursuant to the provisions of Indiana Code 23-0.6-4, executes the following Articles of Conversion.

## ARTICLE I – NAME AND JURISDICTION OF ENTITY

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

a. The name of the entity immediately before filing these Articles of Conversion

b. The name of the entity immediately after filing these Articles of Conversion

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

a. The entity type of the entity immediately before filing these Articles of Conversion

b. The entity type of the entity immediately after filing these Articles of Conversion

SECTION 3: Jurisdiction

a. The jurisdiction of formation of the entity immediately before filing these Articles of Conversion

b. The jurisdiction of formation of the entity immediately after filing these Articles of Conversion

**Indiana**

## ARTICLE II – EFFECTIVE DATE

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

## ARTICLE III – PUBLIC ORGANIC RECORD

The public organic record is attached as Exhibit A.

## ARTICLE IV – APPROVAL

This conversion was approved in accordance with the law of the entity's jurisdiction of formation.

In Witness Whereof, the undersigned duly authorized representative of the entity executes these Articles of Conversion and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
Signature

Printed name

Title

## Public Organic Record- Exhibit A

### ARTICLES OF ORGANIZATION

The undersigned, desiring to form a Limited Liability Company (*hereinafter referred to as "LLC"*) pursuant to the provisions of the Indiana Business Flexibility Act, executes the following Articles of Organization.

#### ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of LLC (*The name must include the words Limited Liability Company or an abbreviation thereof.*)

All business is conducted remotely from a governing person's residence, and the principal office address is a contact address.  
(If you check this box, leave the following line blank and include State Form 9900382 with your filing)

Address of Principal Office ( <i>number and street</i> )	City	State	ZIP code
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#### ARTICLE II – REGISTERED AGENT INFORMATION

**To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to [INBIZ.in.gov](http://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> )
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OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address ( <i>number and street</i> )	City	State	ZIP code
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(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in the Articles of Organization has consented to the appointment of Registered Agent.

#### ARTICLE III – DISSOLUTION

The LLC is perpetual until dissolution.

OR

The latest date upon which the LLC is to dissolve (*month, day, year*): \_\_\_\_\_

#### ARTICLE IV – MANAGEMENT

The LLC will be managed by its manager or managers.  Yes  No

The LLC will be a single member LLC (*optional*).