



ARTICLES OF MERGER OF NONPROFIT CORPORATIONS

State Form 42199 (R13 / 05-24) / Corporate Form 364-6

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: This form is to be used when all parties to the merger are nonprofit corporations.

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)	





**ARTICLES OF MERGER OF
NONPROFIT CORPORATIONS**
State Form 42199 (R13 / 05-24) / Corporate Form 364-6

Indiana Code 23-17-19-4
23-0.5-9-45

FILING FEE: \$30.00

**ARTICLES OF MERGER
OF**

_____ *(hereinafter the "nonsurviving corporation")*

INTO

_____ *(hereinafter the "surviving corporation")*

In accordance with the requirements of the Indiana Nonprofit Corporation Act of 1991 (hereinafter known as the "Act"), the undersigned corporations desiring to effect a merger, set forth the following facts:

ARTICLE I – SURVIVING CORPORATION

SECTION I:

The name of the corporation surviving the merger is _____ and such name has has not *(designate which)* been changed as a result of the merger.

SECTION II:

- a. The surviving corporation is a domestic corporation existing pursuant to the provisions of the Act incorporated on _____ *(month, day, year)*.
- b. The surviving corporation is a foreign corporation incorporated under the laws of the State of _____ and is registered not registered *(designate which)* to do business in Indiana. If the surviving corporation is registered to do business in Indiana, state the date of registration: _____ *(month, day, year)*.
(If the Foreign Registration Statement is filed concurrently herewith, state "upon approval of Foreign Registration Statement.")

ARTICLE II – NONSURVIVING CORPORATION(S)

The name, state of incorporation, and date of incorporation or registration, respectively, of each Indiana domestic corporation and registered foreign corporation, other than the survivor, which is party to the merger are as follows:

Name of corporation	
State of domicile	Date of Incorporation or registration in Indiana, if applicable <i>(month, day, year)</i>
Name of corporation	
State of domicile	Date of Incorporation or registration in Indiana, if applicable <i>(month, day, year)</i>
Name of corporation	
State of domicile	Date of Incorporation or registration in Indiana, if applicable <i>(month, day, year)</i>

ARTICLE III – PLAN OF MERGER OR SHARE EXCHANGE

The Plan of Merger, containing such information as required by Indiana Code 23-17-19-1(b), is set forth in "Exhibit A," attached hereto and made a part hereof.

ARTICLE IV – MANNER OF ADOPTION AND VOTE OF SURVIVING CORPORATION (Must complete Section 1, 2, 3, or 4.)**SECTION 1:** Membership vote not required

The merger was adopted by the incorporators or board of directors without membership action and membership action was not required.

SECTION 2: Vote of members

The designation, number of outstanding members, number of votes entitled to be cast by each class entitled to vote separately on the plan, and the number of votes of each class represented at the meeting is set forth below.

	TOTAL	A	B	C
DESIGNATION OF EACH CLASS (if applicable)				
NUMBER OF OUTSTANDING MEMBERSHIPS				
NUMBER OF VOTES ENTITLED TO BE CAST				
NUMBER OF VOTES REPRESENTED AT THE MEETING				
NUMBER OF MEMBERS VOTED IN FAVOR				
NUMBER OF MEMBERS VOTED AGAINST				

SECTION 3:

Written consent executed on _____ (month, day, year) and signed by at least 80% of all members.

SECTION 4: Approval by third party

If the corporation's articles of incorporation require the plan of merger to be approved in writing by a specified person other than the board of directors, the corporation has obtained the third party's approval pursuant to IC 23-17-19-3.

ARTICLE V – MANNER OF ADOPTION AND VOTE OF NONSURVIVING CORPORATION (Must complete Section 1 or 2.)**SECTION 1:** Member ship vote not required

The merger was adopted by the incorporators or board of directors without membership action and membership action was not required.

SECTION 2: Vote of members

The designation, number of outstanding members or delegates, number of votes entitled to be cast by each class entitled to vote separately on the plan, and the number of votes of each class represented at the meeting is set forth below.

	TOTAL	A	B	C
DESIGNATION OF EACH CLASS (if applicable)				
NUMBER OF OUTSTANDING MEMBERSHIPS				
NUMBER OF VOTES ENTITLED TO BE CAST				
NUMBER OF VOTES REPRESENTED AT THE MEETING				
NUMBER OF MEMBERS VOTED IN FAVOR				
NUMBER OF MEMBERS VOTED AGAINST				

ARTICLE VI – 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 (Do not provide address.)
--	--

OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
---	--------------------------

Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)	City	State IN	ZIP code
--	------	--------------------	----------

(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 these Articles of Merger has consented to the appointment of Registered Agent.

SIGNATURE

In witness whereof, the undersigned being the _____ of the surviving corporation executes
(title)

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
-----------	--------------