



**ARTICLES OF ENTITY CONVERSION
CONVERSION OF AN INDIANA NON-CORPORATION
BUSINESS ENTITY INTO AN INDIANA LIMITED LIABILITY
PARTNERSHIP**

State Form 51582 (R4 / 7-16)
Approved by State Board of Accounts, 2016

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8 1/2"x11 white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office on the web at www.sos.IN.gov
 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) | |





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Indiana Code 23-1-18-3

FILING FEE: \$30.00

**ARTICLES OF CONVERSION
 OF**

_____ *(hereinafter "Non-surviving Business Entity")*

INTO

_____ *(hereinafter "Surviving LLP")*

ARTICLE I: PLAN OF ENTITY CONVERSION

- a. Please set forth the Plan of Conversion, containing such information as required by *Indiana Code 23-1-38.5-11*, attach herewith, and designate it as "Exhibit A."
 The plan must specify the following:
- A statement indicating that the type of business entity the surviving entity will be is an LLP.;
 - The terms and conditions of the conversion;
 - The manner and basis of converting the interests, securities, obligations, rights to acquire interests or other securities of Non-surviving Business Entity following its conversion into the shares of Surviving LLP; and
 - The full text, as in effect immediately after the consummation of the conversion, of the organic documents, if any, of Surviving LLP.
- b. Please read and sign the following statement.
 I hereby affirm under penalty of perjury that the plan of conversion is in accordance with the organic document of Non-surviving Business Entity and is duly authorized as required by the laws of the State of Indiana.

| | | |
|-----------|--------------|-------|
| Signature | Printed Name | Title |
|-----------|--------------|-------|

ARTICLE II: NAME AND TYPE OF NON-SURVIVING BUSINESS ENTITY

- a. The name of Non-surviving Business Entity immediately before filing these Articles of Entity Conversion is the following:
- _____
- b. Please state the type of business entity of Non-surviving Business Entity below.
- _____

ARTICLE III: NAME AND PRINCIPLE OFFICE OF SURVIVING LLP

- a. The name of Surviving LLP is the following:
(Please note pursuant to Indiana Code 23-4-1-1, this name must include the words "Limited Liability Partnership", "L.L.P.", or "LLP".)
- _____
- b. The address of Surviving LLP's Principal Office is the following:

| | | | |
|---|------|-------|----------|
| Street Address <i>(number and street)</i> | City | State | ZIP code |
|---|------|-------|----------|

ARTICLE IV: REGISTERED OFFICE AND AGENT OF SURVIVING LLP

Registered Agent: The name and street address of Surviving LLP's Registered Agent and Registered Office for service of process are the following:

Name of Registered Agent

Address of Registered Office (*number and street*)

City

State

ZIP code

Indiana

ARTICLE V: STATEMENT OF PURPOSE OF SURVIVING LLP

Please give a brief statement describing the business in which Surviving LLP will be engaged:

Required:

By checking the box, the signator(s) represent(s) that the registered agent named in the application has consented to the appointment of the registered agent.

In Witness Whereof, the undersigned being an officer or other duly authorized representative of above-stated Surviving LLP executes these Articles of Entity Conversion and verifies, subject to penalties of perjury, that the statements contained herein are true this

_____ day of _____, 20____.

Signature

Printed name

Title