



**State of Arizona – Office of the Secretary of State  
Statement of Merger, A.R.S. § 29-2205**

**SEND BY MAIL TO:**

Secretary of State Katie Hobbs, Atten: Limited Partnerships  
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

**OR return this application in person:**

**PHOENIX** - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Ste. 220  
**TUCSON** - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141  
**Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.**

**DO NOT WRITE IN THIS SPACE**

**FOR OFFICE USE ONLY  
SOSBS ARS292205 REV. 01/07/2019**

**KATIE HOBBS**  
SECRETARY OF STATE

**PLEASE NOTE:** All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

**1. All merging entities that are not the surviving entity – attach additional sheets should more merging entities be needed**

Merged Entity Name	Jurisdiction of Organization	Secretary of State file number, if any
Entity Type (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
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Entity Type (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
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Entity Type (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		

**2. Surviving Entity Information – if a merging entity survives the merge, repeat that entity's information here**

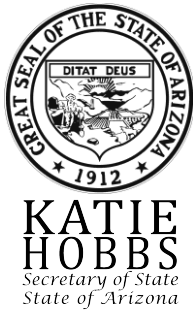
Surviving Entity Name	Jurisdiction of Organization	Secretary of State file number, if any
Surviving Entity's best known place of business in this state or street address in this state	City	State   Zip
Surviving Entity Type (select one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
Delayed effective date and time, if any, but not more than 90 days from date of receipt. <i>See the instructions for further detail.</i>		

**3. Surviving entity's agent for service of process**

Surviving Entity's agent for service of process			
Is a new statutory agent being appointed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, a signed statement of the statutory agent accepting the appointment must be attached to the statement of merger, A.R.S. § 29-2205 (B)(3)(b)</i>			
Arizona address of agent for service of process (P.O. Box or C/O are unacceptable)	City	State	Zip
		AZ	

**4. Approved signature of each merging entity**

Name of Signer on behalf of merging entity	Statement of Merger Approval <input type="checkbox"/> This merger was approved by this domestic or foreign merging entity. [A.R.S. § 29-2205(B)(5)]		
Signature	Month	Day	Year
Name of Signer on behalf of merging entity	Statement of Merger Approval <input type="checkbox"/> This merger was approved by this domestic or foreign merging entity. [A.R.S. § 29-2205(B)(5)]		
Signature	Month	Day	Year
Name of Signer on behalf of merging entity	Statement of Merger Approval <input type="checkbox"/> This merger was approved by this domestic or foreign merging entity. [A.R.S. § 29-2205(B)(5)]		
Signature	Month	Day	Year



**State of Arizona – Office of the Secretary of State  
Statement of Merger Instructions, A.R.S. § 29-2205**

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SOSBS ARS292605 REV. 01/07/2019**

**Instruction**

**Be Accurate:** Complete all applicable fields on this form. Write legibly; or fill out this application online at [www.azsos.gov](http://www.azsos.gov) and print it.

**Processing:** 2-3 weeks; expedited service (3 - 5 business days) available for an additional \$25.

**Submission:** Submit this certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other matters, please attach additional sheets with filing.

**Questions?** Call (602) 542-6187; in-state/toll-free (800) 458-5842.

**Filing fee and Payment:** \$10 + \$3 plus \$3 per additional page. Checks or money orders shall be made payable to the Secretary of State.

This fee is considered per entity name listed on the Statement of Merger affecting any entity(ies) recorded by our office, and not for filing the Statement of Merger itself. For example, if the merger indicates two entities recorded with our office, the filing fee will be, excluding additional pages, \$26 (2 entities at \$13 each).

**Statutory Obligation**

Arizona Revised Statutes (A.R.S.) §§ 29-2201 – 2207 provide reference for creation of and recording of mergers. The requirements for this Statement of Merger are set forth in A.R.S. § 29-2205. The filing of this form will affect all partnerships [limited partnership (“LP”), limited liability partnership (“LLP”), limited liability limited partnerships (“LLLLP”)] on file with our office.

**Statement of Merger Effective Date**

If no effective date is specified and the filing meets all statutory requirements, the Secretary of State will deem the Statement to be effective on the date of delivery. Should a Statement have an effective date, it must be delivered to our office no more than 90 days before the Statement’s effective date. If the Statement is submitted more than 90 days before the effective date, our office will return the form and detail when the form should be resubmitted.

**Additional Steps/Requirements**

Determine if any additional steps must take place. Our office will require additional paperwork, and subsequent fees, if the surviving entity will become a partnership recorded by our office. If additional paperwork and fees are not received, the entire request will be returned for resubmission.

If the surviving entity is not on file, and will be a partnership, this document must be submitted along with a new Certificate filing.

This Statement of Merger will be processed as an amendment if the surviving partnership is on file.

This Statement of Merger will be processed as a cancellation if the partnership on file does not survive.

**Option 1:**

*Statement of Merger indicates surviving entity is a partnership that is not on file with our office.*

*The Statement of Merger must be submitted with the appropriate registration form below, along with its filing fees.*

**Option 2:**

*Statement of Merger references existing partnership that will survive the merge.*

*Our office will process the Statement of Merger as an amendment to the existing partnership on file.*

**Option 3:**

*Statement of Merger references partnership(s) that is (are) merging into a surviving entity that is not recorded with our office.*

*Our office will process the Statement of Merger as a cancellation to the existing partnership on file.*

LP	Domestic	Certificate of Limited Partnership	No additional paperwork or fees required
	Foreign	Foreign Limited Partnership Registration	
LLP	Domestic	Combined Certificate of Limited Partnership & Statement of Qualification to be a Limited Liability Partnership	
	Foreign	Statement of Qualification to be a Foreign Limited Liability Partnership	
LLLLP	Domestic	Combined Certificate of Limited Partnership & Statement of Qualification to be a Limited Liability Partnership	
	Foreign	Statement of Qualification to be a Foreign Limited Liability Partnership	