

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Articles/Certificate of Merger**

(15 Pa.C.S.)

- Domestic Business Corporation (§ 1926)
- Domestic Nonprofit Corporation (§ 5926)
- Limited Partnership (§ 8547)

Name		
_____		
Address		
_____		
City	State	Zip Code
_____	_____	_____

**Document will be returned to the name and address you enter to the left.**



Fee: \$150 plus \$40 additional for each Party in additional to two

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:

\_\_\_\_\_

2. Check and complete one of the following:

The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
_____	_____	_____	_____	_____

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o \_\_\_\_\_

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of \_\_\_\_\_ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
_____	_____	_____	_____	_____

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o \_\_\_\_\_

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of \_\_\_\_\_ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip
_____	_____	_____	_____



IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

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Name of Corporation/Limited Partnership

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Signature

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Title

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Name of Corporation/Limited Partnership

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Signature

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Title