



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## **ARTICLES OF MERGER**

### **Domestic Limited Liability Company**

### **AS 10.50.500 – AS 10.50.520**

**Filing Fee: \$25.00 (non-refundable)**

#### **INSTRUCTIONS (*Please retain for your records*):**

**NOTICE:** The Articles of Merger will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- Are the members/managers up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ). If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the members/managers have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

**Per AS 10.50.500, two or more domestic limited liability companies may merge.**

**Per AS 10.50.500, one or more domestic limited liability companies and one or more foreign limited liability companies may merge. A domestic limited liability company must be party to the merger.**

**An entity type other than a limited liability company cannot be party to a merger filed under AS 10.50.500 – 10.50.520. If another entity type is party to the merger, file a Statement of Merger (08-0565) under AS 10.55.**

**ARTICLE 1:** Provide the name(s), jurisdiction (home state), and, if applicable, the Alaska Entity Number(s) of the merging limited liability companies.

**ARTICLE 2:** Provide the name(s), jurisdiction (home state), and, if applicable, the Alaska Entity Number(s) of the surviving limited liability company.

**ARTICLE 3:** The following statement is required by statute: An agreement of merger has been approved and signed by each limited liability company that is party to the merger.

**ARTICLE 4:** List the future effective date the merger is to take effective if the merger is not to take effect on the date of filing Articles of Merger with this office.

**ARTICLE 5:** Provide the address of the limited liability company where the agreement of merger is on file.

**ARTICLE 6:** The following statement is required by statute: A copy of the agreement of merger will be furnished by the surviving or resulting limited liability company on request and without cost to a person holding an interest in a limited liability company that is party to the merger.



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**ARTICLES OF MERGER**  
**Domestic Limited Liability Company**  
**AS 10.50.500 – AS 10.50.520**

☐ **\$25.00 Filing Fee (non-refundable)**

Pursuant to Alaska Statutes 10.50.500 – 10.50.520, the Articles of Merger shall be executed by each limited liability company party to the merger.

**ARTICLE 1:** Name of the merging entity:

Alaska Entity # (if applicable):

|  |  |
|--|--|
|  |  |
| Jurisdiction (home state) where Articles of Organization were first filed: |  |

Name of the merging entity:

Alaska Entity # (if applicable):

|  |  |
|--|--|
|  |  |
| Jurisdiction (home state) where Articles of Organization were first filed: |  |

Attach a separate sheet with additional corporations, if necessary.

**ARTICLE 2:** Name of the surviving entity:

Alaska Entity # (if applicable):

|  |  |
|--|--|
|  |  |
| Jurisdiction (home state) where Articles of Organization were first filed: |  |

**ARTICLE 3:** An agreement of merger has been approved and signed by each limited liability company that is party to the merger.

**ARTICLE 4:** Effective date of merger if deferred from date of filing (mm/dd/yyyy format): \_\_\_\_/\_\_\_\_/\_\_\_\_

**ARTICLE 5:** The agreement of merger is on file at an office of the surviving or resulting limited liability company at the following address:

|                   |
|-------------------|
| Name:             |
| Physical address: |
| Mailing address:  |

**ARTICLE 6:** A copy of the agreement of merger will be furnished by the surviving or resulting limited liability company on request and without cost to a person holding an interest in a limited liability company that is party to the merger.

**ARTICLE 7:** If the surviving entity is a foreign limited liability company, not organized under the laws of Alaska, provide the name and addresses to which the Commissioner may mail any service of process against the limited liability company.

|                   |
|-------------------|
| Name:             |
| Physical address: |
| Mailing address:  |

**Signatures:** Articles of Merger shall be signed by a member, manager, or attorney-in-fact for each limited liability company that is party to the merger.

Name of the merging entity:

|  |
|--|
|  |
|--|

|           |              |       |      |
|-----------|--------------|-------|------|
|           |              |       |      |
| Signature | Printed name | Title | Date |

*If signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*

Name of the merging entity:

|  |
|--|
|  |
|--|

|           |              |       |      |
|-----------|--------------|-------|------|
|           |              |       |      |
| Signature | Printed name | Title | Date |

*If signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*

Name of the surviving entity:

|  |
|--|
|  |
|--|

|           |              |       |      |
|-----------|--------------|-------|------|
|           |              |       |      |
| Signature | Printed name | Title | Date |

*If signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Mail the Articles of Merger and the non-refundable \$25.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10 – 15 business days. All applications are reviewed in the date order they are received.

**ARTICLE 7:** If the surviving entity is a foreign limited liability company, not organized under the laws of Alaska, then provide the name and addresses to which the Commissioner may mail any service of process against the limited liability company.

**ARTICLE 8:** The Articles of Merger must be signed by a member, manager, or attorney-in-fact for each limited liability company involved in the merger.

**Signatures:** Articles of Merger shall be signed by a member, manager, or attorney-in factor for each limited liability company that is party to the merger.

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

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## CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

|  |
|--|
|  |
|--|

To resolve questions with this filing, contact:

|                  |        |
|------------------|--------|
| Name:            |        |
| Email:           | Phone: |
| Mailing address: |        |

Return documents to:

|                  |
|------------------|
| Name:            |
| Company:         |
| Mailing address: |

Attach this form to your filings. Send all documents to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



THE STATE  
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Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.