

DSCB:15-8981/8211/8582-2

5. Check and complete one of the following:

\_\_\_ The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

Number and street City State Zip

\_\_\_ It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

Number and street City State Zip

6. For Restricted Professional Limited Liability Company Only. Strike out if inapplicable: The company is a restricted professional company organized to render the following professional service(s):

Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8

7. The name and business address of each general partner.

Name Business Address

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contribution is:

Number and street City State Zip County

The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

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

Name of Partnership/Company

Signature

Title

DSCB: 15-8981/8211/8582



Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057

Web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$180 made payable to the Department of State.
- B. *Designators: Limited Partnership:* The name may contain the word "corporation", "company", "incorporated" or "limited" or abbreviation. *Limited Liability Partnership:* The name must contain the word "company", "limited" or "limited liability partnership" or abbreviation. *Limited Liability Company:* The name must contain the word "company", "limited" or "limited liability company" or abbreviation.
- C. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- D. The following, in addition to the filing fee, shall accompany this form:
- (1) *For Limited Liability Company Only:* One copy of a completed form DSCB:15-134A (Docketing Statement).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- E. Under 15 Pa.C.S. § 8981 or § 8583 upon the filing of this form the applicant shall be authorized to do business in the Commonwealth of Pennsylvania and no certificate of authority will be issued to the applicant by the Department.
- F. This form and all accompanying documents shall be mailed to the address stated above.
- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Electing Partnership**  
(15 Pa.C.S.)

Entity Number

\_\_\_ Statement of Election (§ 8701A)

\_\_\_ Statement of Amendment (§ 8701B)

\_\_\_ Statement of Termination of Election (§ 8701C)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

←

Fee: \$100 - Election  
\$52 - Amendment/Termination

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to scope and definition) the undersigned partnership, desiring to elect or which has elected to be governed by 15 Pa.C.S. Ch.87 (relating to electing partnerships), and desiring to form/amend/terminate its statement of election, hereby states that:

1. The name of the partnership is:

\_\_\_\_\_

2. The location of its principal place of business is:

\_\_\_\_\_

Number and street                      City                      State                      Zip                      County

3. The name of each general partner of the partnership as of the date of this statement is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DSCB:15-8701A/8701B/8701C-2

4. *Check Boxes for Electing Partnership Only:*

The partnership elects to be governed by 15C.S. Ch.87 (relating to electing partnerships).

The election has been authorized by at least a majority in interest of the partners.

5. *Check Box for Statement of Amendment Only:*

The election to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships) is amended to reflect the information set forth in this statement in lieu of the information previously of record.

6. *Check Boxes for Statement of Termination Only:*

The election to be governed by 15 Pa.C.S. Ch. 87 (relating to electing partnerships) is hereby terminated.

The termination has been authorized by at least a majority in interest of the partners.

IN TESTIMONY WHEREOF, the undersigned partnership has caused this Statement of Election/Amendment/Termination of Election to be executed this

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

\_\_\_\_\_

Name of Partnership

\_\_\_\_\_

Signature

\_\_\_\_\_

Title



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**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for the Statement of Election is \$100. The filing fee for the Statement of Amendment or the Statement of Termination of Election is \$52 made payable to the Department of State.
- B. This form and all accompanying documents shall be mailed to the address stated above.
- C. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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Entity Number	<p><b>Certificate of Change of Registered Office</b>  <b>Limited Liability Company</b>                  (15 Pa.C.S. § 8906)</p>
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<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p>	<p><b>Document will be returned to the name and address you enter to the left.</b></p> <p>←</p>
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Fee: \$52

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of the 15 Pa.C.S. § 8906 (relating to change of registered office) the undersigned limited liability company, desiring to effect a change of registered office, hereby states that:

1. The name of the company is:

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2. The (a) address of the company's 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
<hr style="width: 90%; margin-left: 10px;"/>				
(b) Name of Commercial Registered Office Provider				County
c/o: _____				

3. Complete part (a) or (b):

(a) The address to which the registered office of the company in this Commonwealth is to be changed is:

Number and street	City	State	Zip	County
<hr style="width: 90%; margin-left: 10px;"/>				

(b) The registered office of the company shall be provided by:

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

Name of Commercial Registered Office Provider	County
---	--------

DSCB:15-8906-2

IN TESTIMONY WHEREOF, the undersigned company has caused this certificate to be signed by a duly authorized member or manager thereof this

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

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Name of Company

---

Signature

---

Title



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**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. This form may not be used by a Foreign Limited Liability Company which desires to amend its certificate of registration in order to reflect a change in address of registered office, change of name or other arrangements or facts that has changed. Foreign Limited Liability Companies must use form DSCB:15-8585.
- C. If Paragraph 3(a) is completed, the actual street address or rural route box number must be used as the address. The Department is required to refuse to receive or file under Paragraph 3(a) a form that fails to set forth an address or sets forth only a post office box address. See 19 Pa. Code § 19.2 (relating to Change of Commercial Registered Office Provider).
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.



**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

Entity Number

**Certificate of Election by Professional Association  
of Limited Liability Company Status**  
(15 Pa.C.S. § 8908)

Name			
Address			
City	State	Zip Code	

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

Fee: \$100

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8908 (relating to election of professional association to become limited liability company), the undersigned, constituting all of the associates of a professional association, desiring to elect limited liability company status, hereby state that:

1. The name of the association is:

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2. The initial Articles of Association of the association were filed in the Office of the Prothonotary at \_\_\_\_\_ County, Pennsylvania.
3. The associates of the professional association have elected to accept the provisions of 15 Pa.C.S. Ch. 89 (relating to professional limited liability companies) for the government and regulation of the affairs of the association).
4. The provisions that constitute the initial certificate of organization of the limited liability company are set forth in full in Exhibit A attached hereto and made a part hereof.

DSCB:15-8908-2

IN TESTIMONY WHEREOF, the undersigned constituting all of the associates of the professional association, have executed this Certificate of Election of Limited Liability Company Status this

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- B. Under 15 Pa.C.S. • § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address,  
and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
- (1) Certificate of Organization (DSCB:15-8913)
  - (2) One copy of a completed form DSCB:134A (Docketing Statement).
  - (3) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (4) Any necessary governmental approvals.
- D. It is not necessary to execute the form DSCB:15-8913 attached as Exhibit A. The filing fee specified for this form includes the filing of such Exhibit A and an additional fee relating to form DSCB:15-8913 should not be tendered.
- E. This form and all accompanying documents shall be mailed to the address stated above.
- F. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

Entity Number

**Certificate of Merger or Consolidation  
Limited Liability Company**  
(15 Pa. C.S. § 8958)

Name				
Address				
City	State	Zip Code		

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

Fee: \$108 plus \$28 additional for each party in addition to two

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:

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2. Check and complete one of the following:

The surviving limited liability company is a domestic limited liability company 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
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(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

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

The surviving limited liability company is a qualified foreign limited liability company 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
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(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

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

The surviving limited liability company is a nonqualified foreign limited liability company 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
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DSCB:15-8958-2

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County

4. Check, and if appropriate complete, one of the following:

\_\_\_ The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

\_\_\_ The plan of merger or consolidation shall be effective on: \_\_\_ at \_\_\_.  
Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption

6. ~~Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:~~  
The plan was authorized, adopted or approved, as the case may be, by the foreign limited liability company (or each of the foreign limited liability companies) party to the plan in accordance with the laws of the jurisdiction in which it is organized.

7. Check, and if appropriate complete, one of the following:

\_\_\_ The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

\_\_\_ Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

Number and street	City	State	Zip	County

DSCB: 15-8958-3

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

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

---

Name of Limited Liability Company

---

Signature

---

Title

---

Name of Limited Liability Company

---

Signature

---

Title

DSCB: 15-8958



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$108 plus \$28 additional for each party in addition to two, made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
- (1) If the amendment effects a change of name, two copies of a completed form DSCB:15-134B (Docketing Statement-Changes).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name) shall accompany a Certificate of Merger or Consolidation effecting a change of name, and the change in name shall contain a statement of the complete new name.
  - (3) Any necessary governmental approvals.
- D. If a general partnership, corporation, business trust or other association is a party to the plan pursuant to 15 Pa.C.S. § 8956(c) (relating to business trusts and other associations) this form should be modified accordingly.
- E. A foreign limited liability company may be a party to a merger or consolidation notwithstanding the fact that it has not been authorized to do business in Pennsylvania. However, if the surviving limited liability company is a foreign limited liability company which is not authorized to do business in Pennsylvania under the Pennsylvania Limited Liability Company Act on the effective date of the merger or consolidation, there must be submitted with this form tax clearance certificates from the Department of Revenue and the Bureau of Employment Security of the Department of Labor and Industry with respect to each domestic limited liability and qualified foreign limited liability company evidencing the payment of all taxes and charges payable to the Commonwealth.
- F. If the name of a commercial registered office provider is used in Paragraph 3, it must be preceded by a "c/o". See 15 Pa.C.S. § 109 (relating to name of commercial registered office provider in lieu of registered address).
- G. The effective date in Paragraph 4 may not be prior to the filing date, but the plan of merger or consolidation may state a prior effective date "for accounting purposes only."
- H. One of the following statements or the equivalent should be used in the second column of Paragraph 5 to set forth the manner of adoption.

"Adopted by the members pursuant to 15 Pa.C.S. § 8957(g)."

DSCB:15-8958

"Adopted by the members and managers pursuant to 15 Pa.C.S. § 8957(g)."

"Adopted by the managers pursuant to 15 Pa.C.S. § 8957(h)."

- I. If the second option in Paragraph 7 is checked, the surviving limited liability company is required by 15 Pa.C.S. § 8958(b) (relating to omission of certain provisions of plan of merger or consolidation) to furnish a copy of the full text of the plan, on request and without cost, to any member of any company that was a party to the plan and, unless all parties to the plan had fewer than 30 members each, on request and at cost to any other person.
- J. Where more than two limited liability companies are parties to the merger or consolidation appropriate additional signatures should be added. All parties to the merger or consolidation shall execute the Certificate of Merger or Consolidation, including a nonqualified foreign limited liability company which is not the surviving limited liability company and which is not otherwise mentioned in the body of the Certificate of Merger or Consolidation.
- K. This form and all accompanying documents shall be mailed to the address listed above.
- L. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.



**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Domestic Limited Liability Company**  
(15 Pa.C.S.)

Entity Number

Certificate of Dissolution (§ 8975)  
 Certificate of Dissolution by Domestication (§ 8978)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to certificate of dissolution/dissolution by domestication), the undersigned limited liability company, desiring to dissolve, hereby states that:

1. The name of the limited liability company is:

---

**Certificate of Dissolution - complete paragraphs 2, 3, and 4**

2. Check one of the following:

All debts, obligations and liabilities of the limited liability company have been paid or discharged.

Adequate provision has been made for the payment and discharge of the debts, obligations and liabilities of the limited liability company.

Assets of the limited liability company are not sufficient to discharge its liabilities, and all the assets of the limited liability company have been fairly and equitably applied, as far as they will go, to the payment of such liabilities.

3. All remaining property and assets of the limited liability company, if any, have been distributed among its members in accordance with their respective rights and interests.

4. Check one of the following:

There are no actions or proceedings pending against the limited liability company in any court.

Adequate provision has been made for the satisfaction of any judgment or decree that may be obtained against the limited liability company in each action or proceeding pending against the limited liability company.

DSCB:15-8975/8978-2

**Certificate of Dissolution by Domestication - complete paragraph 5**

5. The limited liability company has domesticated itself under the laws of \_\_\_\_\_.  
Name of Jurisdiction

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate to be signed by a duly authorized member or manager thereof this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Limited Liability Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



**Department of State  
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(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. The following, in addition to the filing fee, shall accompany this form:
- (1) Tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth
  - (2) Any necessary governmental approvals.
- C. This form and all accompanying documents shall be mailed to the address stated above.
- D. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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Entity Number

**Certificate of Organization**  
**Domestic Limited Liability Company**  
 (15 Pa.C.S. § 8913)

Name	<b>Document will be returned to the name and address you enter to the left.</b> ←
Address	
City                      State                      Zip Code	

Fee: \$100

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

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2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
<hr style="width: 80%; margin-left: 20px;"/>				
(b) Name of Commercial Registered Office Provider				County
c/o: <hr style="width: 80%; margin-left: 20px;"/>				

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
<hr style="width: 80%; margin-left: 20px;"/>	<hr style="width: 80%; margin-left: 20px;"/>
<hr style="width: 80%; margin-left: 20px;"/>	<hr style="width: 80%; margin-left: 20px;"/>
<hr style="width: 80%; margin-left: 20px;"/>	<hr style="width: 80%; margin-left: 20px;"/>

DSCB:15-8913-2

4. *Strike out if inapplicable term*  
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*  
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: \_\_\_\_\_.  
month date year hour, if any

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):  
\_\_\_\_\_  
\_\_\_\_\_

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature