

**SOUTH CAROLINA
SECRETARY OF STATE**

**NONPROFIT CORPORATION
ARTICLES OF MERGER**

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to the provisions of Section 33-31-1104 of the 1976 South Carolina Code of Laws, as amended, the applicant delivers to the Secretary of State these Articles of Merger.

1. The names of the merging corporations are:

_____.

2. Attach a duplicate copy of the plan of merger.

3. ☐ By checking this paragraph (#3), the applicant represents that (a) approval of the plan of merger by the members was not required, and (b) that the plan of merger was approved by a sufficient vote of the board of directors of each corporation. (Do NOT check this paragraph if member vote was required or if the required vote of directors was not obtained.)

4. If the approval of the members of one or more of the corporations was required to adopt the plan of merger, provide the following information.

- (a) Designation (Classes of Membership):

- (b) Number of memberships outstanding: _____

- (c) Number of votes entitled to be cast by each class entitled to vote separately on the plan:

- (d) Number of votes of each class indisputably voting on the plan:

- (e) Complete ONE of the following as appropriate:

- (1) Total number of votes cast for and against the plan by each class entitled to vote separately on the plan:

- (2) Total number of undisputed votes cast for the plan by each class which was sufficient for approval by that class:

5. ☐ By checking this paragraph (#5), the applicant represents that approval of the plan by some person or persons other than the members of the board is required pursuant to Section 33-31-1103(a)(3) of the 1976 South Carolina Code of Laws, as amended, and that the approval was obtained. (Do NOT mark paragraph #5 if either of these statements are not true.)

6. Delayed effective date: _____
(Unless a delayed effective date is specified, a merger takes effect when the articles of merger are filed.)

Date _____

Name of Surviving Corporation

Signature

Type or Print Name and Office

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on the form.
3. This form must be accompanied by the filing fee of \$10.00, payable to the Secretary of State.

Return to: Secretary of State
PO Box 11350
Columbia SC 29211