

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles/Certificate of Division
(15 Pa.C.S.)

- Business Corporation (§ 1954)
- Non-Profit Corporation (§ 5954)
- Limited Partnership (§ 8579)
- Limited Liability Company (§ 8964)

Name		

Address		

City	State	Zip Code
_____	_____	_____

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



Fee: \$195 plus \$125 for each additional Entity in excess of one

In compliance with the requirements of the applicable provisions (relating to articles/certificate of division), the undersigned desiring to effect a division, hereby states that:

<p>1. The name of the dividing corporation/limited partnership/limited liability company is:</p> <p>_____</p>

<p>2. Check and complete one of the following:</p> <p><input type="checkbox"/> The dividing corporation/limited partnership/limited liability company is a domestic business/nonprofit corporation /limited partnership/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):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">(a) Number and Street</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip</td> <td style="width: 20%;">County</td> </tr> <tr> <td colspan="4">_____</td> <td>_____</td> </tr> <tr> <td colspan="4">(b) Name of Commercial Registered Office Provider</td> <td>County</td> </tr> <tr> <td colspan="4">c/o</td> <td></td> </tr> </table> <p><input type="checkbox"/> The dividing corporation/limited partnership/limited liability company is a qualified foreign business/nonprofit corporation/limited partnership/limited liability company incorporated/organized 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):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">(a) Number and Street</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip</td> <td style="width: 20%;">County</td> </tr> <tr> <td colspan="4">_____</td> <td>_____</td> </tr> <tr> <td colspan="4">(b) Name of Commercial Registered Office Provider</td> <td>County</td> </tr> <tr> <td colspan="4">c/o</td> <td></td> </tr> </table> <p><input type="checkbox"/> The dividing corporation/limited partnership/limited liability company is a nonqualified foreign business/nonprofit corporation/limited partnership/limited liability company incorporated/organized under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Number and Street</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 25%;">Zip</td> </tr> <tr> <td colspan="4">_____</td> </tr> </table>	(a) Number and Street	City	State	Zip	County	_____				_____	(b) Name of Commercial Registered Office Provider				County	c/o					(a) Number and Street	City	State	Zip	County	_____				_____	(b) Name of Commercial Registered Office Provider				County	c/o					Number and Street	City	State	Zip	_____			
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3. The statute by or under which it was incorporated/organized is:

4. The date of its incorporation/organization is:

5. Check one of the following:

The dividing corporation/limited partnership/limited liability company will survive the division.

The dividing corporation/limited partnership/limited liability company will not survive the division.

6. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each domestic business/nonprofit corporation/limited partnership/limited liability company and qualified foreign business/nonprofit corporation/limited partnership/limited liability company resulting from the division are as follows:

Name	Registered Office Address/Commercial Registered Office Provider	County

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

The plan of division shall be effective upon filing these Articles/Certificate of Division in the Department of State.

The plan of division shall be effective on: _____ at _____.
Date Hour

Certificate of Division-Limited Partnership/Limited Liability Company: Complete paragraphs 8 and 9

8. The manner in which the plan of division was adopted is as follows:

9. The plan of division is set forth in full in Exhibit A attached hereto and made a part hereof.

Articles of Division-Business and Nonprofit Corporations: complete paragraphs 10 and 11

10. *Check one of the following:*

The dividing corporation is a domestic business/nonprofit corporation and the plan of division was adopted by action of the shareholders (or member) pursuant to 15 Pa.C.S. § 1905 or adopted by action of the members (or shareholders) pursuant to 15 Pa.C.S. § 5905.

The dividing corporation is a domestic business/nonprofit corporation and the plan of division was adopted by action of the directors and shareholders (or members) pursuant to 15 Pa.C.S. §§ 1924(a) and 1952 or adopted by action of the members (or shareholders) pursuant to 15 Pa.C.S. §§ 5924(a) and 5952(c) and (d).

The dividing corporation is a domestic business/nonprofit corporation and the plan of division was adopted by action of the board of directors pursuant to 15 Pa.C.S. § 1953 or §§ 5924(b) and 5952(c) and (d).

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

The plan of division is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/5901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of division that amends or constitutes the operative provisions of the Articles of Incorporation of the resulting corporations as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of division is on file at the principal place of business of the resulting corporation, the name and address of which is.

Name of Resulting Corporation	Number and street	City	State	Zip	County
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IN TESTIMONY WHEREOF, the undersigned has caused these Articles/Certificate of Division to be signed by a duly authorized officer/general partner/member or manager thereof this

_____ day of _____,

_____.

Name of Corporation/Limited Partnership/Limited Liability Company

Signature

Title