

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Foreign Application For
Transfer of Authority**

FORM MUST BE TYPED

(General Laws, Chapter 156D, Section 15.23; 950 CMR 113.53)

- (1) Exact name of corporation: _____
- (2) Type of other entity into which the corporation has converted: _____
- (3) Jurisdiction upon transfer of authority: _____
- (4) Attach an additional sheet(s) containing all other information required in a filing under the laws of the commonwealth by an other entity of the type the corporation has become seeking authority to transact business in the commonwealth.
- (5) This application is effective at the time and on the date approved by the Division, unless a later effective date is specified in accordance with the organic law of the surviving entity: _____

Attach certificate of legal existence or a certificate of good standing issued by an officer or agency properly authorized in the jurisdiction of organization. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

Signed by: _____,
(signature of authorized individual)

- ☐ Chairman of the board of directors,
☐ President,
☐ Other officer,
☐ Court-appointed fiduciary,

on this _____ day of _____, _____.

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Foreign Application For Transfer of Authority (General Laws, Chapter 156D, Section 15.23; 950 CMR 113.53)

I hereby certify that upon examination of this foreign application for transfer of authority, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said application; and the filing fee in the amount of \$ _____
having been paid, said application is deemed to have been filed with me this _____ day of _____, 20_____, at _____ a.m./p.m.
time

Effective date: _____
(must be within 90 days of date submitted)

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: Minimum \$250.00

Examiner

Name approval

C

M

A.R.

TO BE FILLED IN BY CORPORATION Contact Information:

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.