

Instructions for Completing the Statement of Merger (Form GP-6)

Where to File: For easier completion, this form is available on the California Secretary of State's website at www.sos.ca.gov/business/be/forms.htm and can be completed online and printed to mail. The completed form can be mailed to Secretary of State, Document Filing Support Unit, P.O. Box 944225, Sacramento, CA 94244-2250 or delivered in person (drop off) to the Sacramento office. If you are not completing this form online, please type or legibly print in black or blue ink. This form is filed only in the Sacramento office.

Legal Authority: Statutory filing provisions are found in California Corporations Code section [16915\(a\)](#). All statutory references are to the California Corporations Code, unless otherwise indicated.

- This Statement of Merger may only be used for mergers involving a domestic partnership, in which another partnership or a foreign other business entity is a party, but in which no other domestic "other business entity" is a party. [The term "other business entity" is defined in Section [16901\(12\)](#).]
- Each party to the merger must be authorized by the laws under which it is organized to effect the merger. (Section [16910](#).)
- The filing of a Statement of Merger shall have the effect of filing a cancellation of any Statement of Partnership Authority filed by a disappearing registered general partnership. (Section [16915\(c\)](#).)
- The Statement of Merger may not be filed if a domestic "other business entity" is a party to the merger. To effect the merger, a Certificate of Merger (Form OBE MERGER-1) must be filed pursuant to Section [16915\(b\)](#). To get Form OBE MERGER-1, go to www.sos.ca.gov/business/be/forms.htm.

Fees: The fee for filing a Statement of Merger is \$30.00. A non-refundable \$15.00 special handling fee is applicable for processing documents delivered in person (drop off) at the Sacramento office. The preclearance and/or expedited filing of a document *within a guaranteed time frame* can be requested for an additional non-refundable fee in lieu of the special handling fee. For detailed information about preclearance and expedited filing services, go to www.sos.ca.gov/business/be/service-options.htm. The special handling fee or preclearance and expedited filing services are not applicable to documents submitted by mail. Check(s) should be made payable to the Secretary of State.

Copies: Upon filing, we will return one (1) uncertified copy of your filed document for free. To get additional copies, include a separate request and payment for copy fees when the document is submitted. Copy fees are \$1.00 for the first page and \$.50 for each additional page. For certified copies, there is an additional \$5.00 certification fee, per copy.

Complete the Statement of Merger (Form GP-6) as follows:

- Items 1-4.** Enter the following information for the surviving entity: The exact name of the entity, the type of entity (e.g., corporation, limited liability company, limited partnership, general partnership, etc.), the file number issued to the entity by the California Secretary of State (if any) and the jurisdiction (state or country) under which the entity was organized.
- Item 5.** Enter the street address, including the zip code, of the chief executive office of the surviving entity. Please do not enter a P.O. Box number or abbreviate the name of the city.
- Item 6.** If the street address of the chief executive office entered in Item 5 is not located in California, enter the street address of an office of the surviving entity in California, if any. Please do not enter a P.O. Box number or abbreviate the name of the city.
- Items 7-10.** Enter the following information for the disappearing entity: The exact name of the entity, the type of entity (e.g., corporation, limited liability company, limited partnership, general partnership, etc.), the file number issued to the entity by the California Secretary of State (if any) and the jurisdiction (state or country) under which the entity was organized. If more than one entity is disappearing, attach additional pages with the required information.
- Item 11.** This statement confirms that attachments to the Statement of Merger, if any, are incorporated by reference. All attachments should be 8 ½ x 11", one-sided and legible.
- Item 12.** If the Statement of Merger is filed by the surviving domestic partnership, the statement shall be executed by at least two partners of the surviving partnership. (Sections [16915\(a\)](#), [16105\(c\)](#) and [16101\(17\)](#).) If the statement is filed by the surviving foreign other business entity, please refer to the laws of the foreign jurisdiction for signatory requirements. If additional signature space is necessary, the signature(s) may be made on an attachment to the Statement of Merger. All attachments should be 8 ½ x 11", one-sided and legible.



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company: _____

Address: _____

City/State/Zip: [_____]

Secretary of State Use Only	
T/TR:	_____
AMT REC'D:	\$ _____



State of California Secretary of State

GP-6

DOCUMENT # _____

STATEMENT OF MERGER (Corporations Code section 16915(a).)

A \$30.00 filing fee must accompany this form.

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

SURVIVING ENTITY INFORMATION

1. NAME OF SURVIVING ENTITY
2. TYPE OF ENTITY 3. CA SECRETARY OF STATE FILE NUMBER, IF ANY 4. JURISDICTION
5. STREET ADDRESS OF CHIEF EXECUTIVE OFFICE OF SURVIVING ENTITY CITY AND STATE ZIP CODE
6. STREET ADDRESS OF CALIFORNIA OFFICE OF SURVIVING ENTITY, IF ANY CITY STATE ZIP CODE
CA

DISAPPEARING ENTITY INFORMATION (If more than one entity is disappearing, attach additional pages with the required information.)

7. NAME OF DISAPPEARING ENTITY
8. TYPE OF ENTITY 9. CA SECRETARY OF STATE FILE NUMBER, IF ANY 10. JURISDICTION

ADDITIONAL INFORMATION

11. ADDITIONAL INFORMATION SET FORTH ON ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS STATEMENT.

EXECUTION (If additional signature space is necessary, the signature(s) may be made on an attachment to this document. Any attachments to this document are incorporated herein by this reference.)

12. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON FOR THE SURVIVING ENTITY DATE TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

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