Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 1028 Columbus, OH 43216

CERTIFICATE OF DISSOLUTION BY SHAREHOLDERS, DIRECTORS, OR INCORPORATORS

(Domestic Profit)
(Filing Fee $50.00)

(CHECK ONLY ONE (1) BOX)

(1) ☐ Shareholders *(150-DISS)*	**(2)** ☑ Directors (137-DISD)	**(3)** ☐ Incorporators (138-DISI)

Complete the general information in this section for the box checked above.

WXYZ Services, A Non-Profit Corporation
(Exact Name of Corporation)

1234567
(Charter Number)

John Doe, who is Director
(Name) *(Title)*

of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on 1/1/2011 *(Date)* do hereby certify that:

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

The place where its principal office in Ohio is or is to be located is:

Columbus, **Ohio** Franklin
(City, Township or Village) *(County)*

The name and Ohio address of statutory agent is:

John Doe
(Name)

100 Main Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus, **Ohio** 43201
(City) *(Zip Code)*

NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate records in the secretary of state's office, the named agent must acknowledge and accept the appointment as statutory agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned, John Doe, named herein as the

Statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Signature: _____
(Statutory Agent)

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Complete the information in this section if box (1) or (2) is checked.

The names and complete street addresses of the DIRECTORS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
John Doe, 100 Main Street, Columbus, OH 43201			
Jane Doe, 100 Main Street, Columbus, OH 43201			
Ann Doe, 100 Main Street, Columbus, OH 43201			
Charles Doe, 100 Main Street, Columbus, OH 43201			

The names and complete street addresses of the OFFICERS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
David Smith, 100 Main Street, Columbus, OH 43201			
Helen Smith, 100 Main Street, Columbus, OH 43201			
Fred Smith, 100 Main Street, Columbus, OH 43201			
Gail Smith, 100 Main Street, Columbus, OH 43201			

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Complete the information in this section if box (1) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution adopted:
(Check one of the following)

☐ at a special meeting of the shareholders of said corporation, notice of which was given to all shareholders of every class, whether entitled to vote or not, by the votes cast in person or by proxy, by the holders of record of shares entitling them to exercise _____ % of the voting power

☐ in writing signed under provisions of section 1701.54 of the ORC by all the shareholders who would be entitled to a notice of a meeting held for such purpose declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED
Must be authenticated **(signed)** by an authorized representative

Authorized Representative	Date

Complete the information in this section if box (2) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution of the Board of Directors adopted pursuant to section 1701.86(D) (_____) (must insert proper paragraph of the ORC)

(Check one of the following)

☐ at a meeting duly called and held on _____

☑ in writing signed by all of the directors pursuant to section 1701.43 of the ORC declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED
Must be authenticated **(signed)** by an authorized representative

Authorized Representative	Date

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Complete the information in this section if box (3) is checked.

The names and complete street addresses of the INCORPORATORS are:
Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
John Doe, 100 Main Street, Columbus, OH 43201			

Whereas, the corporation has not begun business, or, subscriptions to shares have not been received as set forth in the articles, the incorporators elect to dissolve the corporation.

REQUIRED
Must be authenticated **(signed)** by an authorized representative

Authorized Representative	Date
Authorized Representative	Date
Authorized Representative	Date

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

WXYZ Services, A Non-Profit Corporation

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY	DATE NOTIFIED
Ohio Department of Taxation Dissolution Section Box 182382 Columbus, Ohio 43218-2382	1/1/2011
Ohio Job and Family Services Status & Liability Section P.O. 182404 Columbus, Ohio 43218-2404	1/1/2011
The treasurer of any County named below:	
Franklin	1/1/2011
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	1/1/2011

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: _____ Title: President

Name: John Doe

100 Main Street

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus *(City)* OH *(State)* 43201 *(Zip Code)*

Sworn before me and subscribed in my presence on _____ *(Date)*

_____ *(Notary Public)*

Commission Expires _____ *(Date)*

(Notary Seal)

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Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF OHIO

County of Franklin :SS

John Doe, being first duly sworn, deposes and says that she/he is

President of WXYZ Services, A Non-Profit Corporation

(Title)

that this affidavit is made in compliance with section 1701.86 of the ORC:

(Section #)

That said corporation has (Check one of the following)

☐ A. has no personal property in any county in the State of Ohio:

☐ B. personal property only in the following county(ies)

_____ , _____ , _____

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: _____

Name: John Doe

Sworn before me and subscribed in my presence on _____

(Date)

_____

(Notary Public)

(Notary Seal) Commission Expires _____

(Date)

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