



Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

Address

Street

City

State

ZIP Code

Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (**Two business day processing time.**
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

Certificate of Dissolution
(Cooperative Association)
Filing Fee: \$50
(150-DISS)
Form Must Be Typed

Complete the following information.

The association named below has adopted a resolution of dissolution.

Name of association

Charter Number

The resolution of dissolution was adopted by the:

- Incorporators Directors Members

Location of Principal Office

City

County

State

Name and address of the Statutory Agent

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

Please complete this section if the corporation is appointing a new agent.

Acceptance of Appointment

The Undersigned, , named herein as the
(Name of Statutory Agent)

Statutory agent for
(Name of Association)

hereby acknowledges and accepts the appointment of statutory agent for said association.

Statutory Agent Signature
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

If the resolution of dissolution was adopted by the incorporators, or a majority of the incorporators, before subscriptions for membership and any other stock or other ownership interest have been received, then please provide the following:

Names and addresses of the Incorporators

Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>

If the resolution was adopted by directors, then please complete the following:

The basis for such adoption is:

- The association has been adjudged bankrupt or has made a general assignment for the benefit of creditors.
- By leave of the court, a receiver has been appointed in a general creditors' suit or in any suit in which the affairs of the association are to be wound up.
- Substantially all of the assets have been sold at judicial sale or otherwise.
- The Articles of Incorporation have been cancelled for failure to file annual franchise or excise tax returns or for failure to pay franchise or excise taxes and the association has not been reinstated or does not desire to be reinstated.
- The period of existence of the association specified in its articles has expired.

Please provide the following if the resolution of dissolution was adopted by directors or members.

Names and addresses of the directors

Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>

Names and addresses of the officers

Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by not less than a majority of the incorporators, if dissolved by incorporators. Must be signed by any authorized representative if dissolved by directors or members.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities for a Cooperative Association, (ORC section 1729.55(H)).

Name of Association

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 1729.55 of the ORC.

<p>Agency</p> <p>Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229</p>	<p>Date Notified (MM/DD/YYYY)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Agency</p> <p>Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p>	<p>Date Notified (MM/DD/YYYY)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
<p>Agency</p> <p>Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p><small>* Only required for domestic for-profit corporations</small></p>		<p>Treasurer</p> <p>The treasurer of any county named below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 70%;"></td> <td style="border: 1px solid black; height: 20px; width: 30%;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>							

Note: This affidavit must be signed by a person executing the certificate of dissolution or by an officer of the corporation.

Signature Title

Name

Mailing Address

City

State

ZIP Code

Acknowledged before me and subscribed in my presence on this date (MM/DD/YYYY)

Seal

Notary Public

Date Commission Expires (MM/DD/YYYY)

Complete the information in this section.

AFFIDAVIT OF PERSONAL PROPERTY

Pursuant to ORC 1729.55(H)(1)

State of

County of

SS:

Name of Officer

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

Title of Officer

of

Name of Association

and this affidavit is made in compliance with section

of the Ohio Revised Code.

That said corporation has: (Check one (1) of the following)

A. Has no personal property in any county in the state of Ohio

B. Has personal property in the following county(ies)

County

County

County

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

C. Association is of the type required to pay personal property taxes to state authorities only

Signature

Title

Acknowledged before me and subscribed in my presence on this date (MM/DD/YYYY)

Seal

Notary Public

Date Commission Expires (MM/DD/YYYY)

Instructions for Certificate of Dissolution

This form should be used for a cooperative association to file a certificate of dissolution pursuant to Ohio Revised Code section 1729.55.

Cooperative Association Information

Please provide the name of the cooperative and the charter number assigned by our office. Please state the manner in which the resolution of dissolution was adopted by selecting incorporators, directors or members.

Also, please provide the location of the principal office including the city and county.

Statutory Agent Information

Please provide the name and address of the statutory agent. If appointing a new agent, please have the agent sign to accept appointment.

Incorporator Information

If dissolved by incorporators, please provide the names and addresses of all of the incorporators. This information is not required if dissolved by directors or members.

Director Information

If dissolved by directors, please check the appropriate box for the basis of the dissolution.

Director and Office Information

Please provide the names and addresses of the directors and officers of the corporation if dissolved by directors or members. This information is not required if dissolved by incorporators.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please submit additional provisions on a single-sided, 8 ½ x 11 sheet(s) of paper.

Signature(s)

After completing all information on the filing form, please make sure that page 3 is signed by all of the incorporators or a majority of the incorporators if dissolved by incorporators. If dissolved by directors or members, please have an authorized officer sign the document.

****Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**