



CERTIFICATE OF DISSOLUTION
(BEFORE THE ISSUANCE OF SHARES OR BEGINNING BUSINESS)
Oklahoma Profit Corporation

Filing Fee: \$50.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

I hereby execute the following articles for the purpose of dissolving an Oklahoma corporation pursuant to the provisions of Title 18, Section 1095:

1. Name of the corporation:

2. Date of incorporation of such corporation: _____

3. **NAME** and street address of the registered agent for service of process in the state of Oklahoma:

❖ The registered agent **shall** be an individual resident of Oklahoma **or** a domestic or qualified foreign corporation, limited liability company, or limited partnership.

			Oklahoma		
Name	Street Address	City	State	Zip Code	County
(P.O. BOXES ARE <u>NOT</u> ACCEPTABLE)					

CHECK THE FOLLOWING APPLICABLE STATEMENTS:

4. ☐ No shares of stock have been issued.

OR

☐ The business or activity for which the corporation was organized has not begun.

5. ☐ No part of the capital of said corporation has been paid.

OR

☐ If some capital has been paid, the amount, if any, actually paid in for its shares, less any part thereof disbursed for necessary expenses, has been returned to those entitled thereto.

6. ☐ If the corporation has begun business but it has not issued shares, all debts of the corporation have been paid.

OR

- ☐ If the corporation has not begun business but has issued stock certificates, all issued stock certificates, if any, have been surrendered and canceled.

7. All rights and franchises of the corporation are surrendered.

The certificate of dissolution must be signed by the majority of the incorporators, or if directors were named in the original certificate of incorporation or have been elected, a majority of the directors.

- Signed this _____ day of _____, _____ by:

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

**Oklahoma Secretary of State
Request to receive
documents electronically**

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ Return filed documents electronically

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)