Frank LaRose
Ohio Secretary of State

Telephone: 614.466.3910
Toll-free: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

# Return Documents To:

Name *(Individual or Business Name):*

Email Address *(Required):*

To the Attention of *(If Necessary):*

Address:

City:

State

ZIP Code:

Phone Number:

## SERVICE TYPE - Check only **ONE** item below.

**Expedited Fees are IN ADDITION to the filing fee on the form.**
Failure to include the expedite fee or indicate a selection will result in regular service.

☐ **Regular Service**
- No Expedite Fee.
- Processing Time: 3-7 business days.

☐ **Expedite Service 1**
- Fee: $100
- Processing Time: 2 business days after receipt.

☐ **Expedite Service 2**
- Fee: $200
- Processing Time: 1 business day after receipt.

☐ **Expedite Service 3 (in-person delivery is required)**
- Fee: $300
- Processing Time: 4 hours if received by 1:00 p.m. If received after 1:00 p.m., documents will be processed by noon the following business day.

☐ **Preclearance Filing**
- Fee: $50
- Processing Time: 1-2 business days after receipt.

Form 603 Prescribed by:

Frank LaRose
Ohio Secretary of State

For screen readers, follow instructions located at this path.

**INSTRUCTIONS**

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 ½ x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

**MAIL TO**

Regular Service:
P.O. Box 1329
Columbus, OH 43216

**OR**

Expedite Service:
P.O. Box 1390
Columbus, OH 43216

# 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 (Ohio)

Name and address of the Statutory Agent

Name of Statutory Agent

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

City | State (OH) | 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 _____ Address _____

Name _____ Address _____

Name _____ Address _____

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 or 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 | Address

Name | Address

Name | Address

Names and addresses of the officers

Name | Address

Name | Address

Name | Address

**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.

Signature

By (if applicable)

Print Name

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

**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.

**Agency**

Ohio Department of Taxation
Dissolution Section
4485 Northland Ridge Blvd.
Columbus, Ohio 43229

**Date Notified** (MM/DD/YYYY)

**Agency**

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
**Fax**: 614-752-4811
**Phone**: 614-466-2319

**Overnight Address**:
P.O. Box 182413
Columbus, OH 43218-2413

**Regular Address**:
P.O. Box 182413
Columbus, OH 43218-2413

**Date Notified** (MM/DD/YYYY)

**Agency**

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

**Date Notified** (MM/DD/YYYY)

***** Only required for domestic for-profit corporations

**Treasurer**

The treasurer of any county named below:

**Date Notified** (MM/DD/YYYY)

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

Signature

Title

Name

Mailing Address

City

State

ZIP Code

State of

County of

Sworn to or affirmed and subscribed before me by

*Name of person making oath or affirmation*

NOTARY SEAL

on this date

*Today's Date (MM/DD/YYYY)*

*Notary Public's Signature*

*Expiration Date of Notary's Commission (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:

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

Name of Officer

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

Sworn to or affirmed and subscribed before me by

*Name of person making oath or affirmation*

on this date

*Today's Date (MM/DD/YYYY)*

NOTARY SEAL

*Notary Public's Signature*

*Expiration Date of Notary's Commission (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.

**Appointment of Agent**
Ohio business entities and foreign business entities that are registered or licensed in Ohio must appoint and maintain a statutory agent to accept service of process. The statutory agent must be one of the following: (1) A natural person residing in Ohio; or (2) a domestic or foreign business entity with an Ohio address.

**Statutory Agent Address Requirements**
A statutory agent address may either be the primary residence address of the agent or the usual place of business address. The statutory agent address must be an Ohio address.

**Statutory Agent Address Prohibitions**
Post Office (P.O.) boxes are **NOT** allowed.

Exception: If a Post Office Box and Rural Route Number are both provided, the address is allowed.

Commercial Mail Receiving Agency (CMRA) addresses are **NOT** allowed. A CMRA is a private business that rents private mailboxes to customers.

**Acceptance of Appointment**
The statutory agent must sign the Acceptance of 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.**