CERTIFICATE OF DISSOLUTION

(Oklahoma Nonstock Corporation)

Filing Fee: $25.00

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

PLEASE NOTE:

❖In the event of a dissolution of a not for profit corporation, **A NOTICE OF DISSOLUTION** must be **published** one (1) time in a newspaper having general circulation in the county in which the principal place of business of such corporation is located.

I hereby execute the following articles for the purpose of dissolving an Oklahoma corporation pursuant to the provisions of Title 18, Section 1097:

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 corporation, limited liability company, or limited partnership.

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

4. **Date** the dissolution was authorized: _____

5. Check the applicable statement:

☐ The dissolution has been authorized by the governing body and members of the corporation.

☐ The dissolution has been authorized by a vote of the members of the corporation entitled to vote for the election of members of its governing body.

☐ If there is no member entitled to vote thereon, the dissolution of the corporation has been authorized at a meeting of the governing body, upon the adoption of a resolution to dissolve by the vote of a majority of members of its governing body then in office.

6. Names and addresses of its officers:

	NAME	ADDRESS	CITY	STATE	ZIP CODE
PRESIDENT					
VICE PRESIDENT					
SECRETARY					
ASST. SECRETARY					
TREASURER					

7. Names and addresses of its directors:

	NAME	ADDRESS	CITY	STATE	ZIP CODE
DIRECTOR					
DIRECTOR					
DIRECTOR					

The certificate of dissolution must be signed by an authorized officer of the corporation.

Signed this _____ day of _____, _____ by:

_____
Signature

_____
Printed Name and Title

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)