CERTIFICATE OF WITHDRAWAL
(Foreign Corporation)

Filing Fee: $100.00

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

PLEASE NOTE:

- In the event the corporation was dissolved in the jurisdiction of its incorporation, a copy of the certificate of dissolution issued by the proper official of such jurisdiction **MUST BE ATTACHED HERETO**.
- In the event the corporation was dissolved by a court order or decree, a copy of the order or decree, certified by the court clerk or other official body, under the official seal of the court or official body or clerk thereof **MUST BE ATTACHED HERETO**.

I hereby execute the following articles for the purpose of surrendering a foreign corporation's authority to transact business in the state of Oklahoma pursuant to the provisions Title 18, Section 1135:

1. Name of the corporation:

_____

2. If different, the **fictitious name** which the company transacts business under in the state of Oklahoma:

_____

3. **State** or other jurisdiction of its formation: _____
4. The corporation hereby revokes the authority of its registered agent in Oklahoma to accept service of process and consents that process against the corporation in any action, suit or proceeding, based upon any cause of action arising in Oklahoma during the time the corporation was authorized to transact business in this state, may be served upon the Oklahoma Secretary of State in the manner provided by law.
5. **Address** to which service of process against the corporation may be mailed:

_____

Street Address **City** **State** **Zip Code**

The certificate of withdrawal 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)