CERTIFICATE OF DISSOLUTION
(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 1096:

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.

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

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

5. Check the applicable statement:

☐ The dissolution has been authorized by the **board of directors** and shareholders of the corporation in accordance with subsections A & B of Section 1096.

OR

☐ The dissolution has been authorized by all of the **shareholders** of the corporation entitled to vote on a dissolution in accordance with subsection C of Section 1096.

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)