



# ARTICLES OF DISSOLUTION OF A CORPORATION

State Form 34471 (R14 / 7-16)  
Approved by State Board of Accounts, 2016

**SECRETARY OF STATE  
BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

- INSTRUCTIONS:**
1. Use 8 ½"x11 white paper for attachments.
  2. Please **TYPE** or **PRINT** in **INK**.
  3. Please visit our office on the web at [www.sos.IN.gov](http://www.sos.IN.gov)
  4. Make check or money order payable to the Secretary of State.
  5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

## INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

### RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (     )	E-mail address (If different from above – SOS use only)	





**ARTICLES OF DISSOLUTION  
OF A CORPORATION**

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Indiana Code 23-1-45-3  
23-1-18-3

FILING FEE: \$30.00

**ARTICLES OF DISSOLUTION  
OF**

\_\_\_\_\_  
*Name of Corporation*

The above corporation (*hereinafter referred to as the "Corporation"*) desiring to give notice of corporate action authorizing and effectuating the dissolution of the Corporation pursuant to the provisions of the Indiana Business Corporation Law, sets forth the following:

**ARTICLE I – NAME**

Name of Corporation \_\_\_\_\_ Date of incorporation (*month, day,, year*) \_\_\_\_\_

**ARTICLE II – AUTHORIZATION**

The date of dissolution was authorized (pursuant to Indiana Code 23-1-45-2) on (*month, day, year*) \_\_\_\_\_

**ARTICLE III – APPROVAL OF SHAREHOLDERS**

VOTES CAST FOR OR AGAINST DISSOLUTION:	TOTAL	SHARES ENTITLED TO VOTE AS A CLASS		
		1	2	3
SHARES ENTITLED TO VOTE				
SHARES VOTED IN FAVOR				
SHARES VOTED AGAINST				

The total number of votes cast for dissolution was sufficient for approval.  Yes  No

In witness whereof, the undersigned being the \_\_\_\_\_ of the  
*Title*  
Corporation executes these Articles of Dissolution and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

NOTE: Notice of Voluntary Dissolution must be filed with the following State agencies: The Unclaimed Property Section of the Attorney General of Indiana (IC 32-9-1-14); the Department of Revenue (IC 6-8.1-10-9); and the Indiana Department of Workforce Development (IC 22-4-32-23). Clearances from these agencies are no longer necessary, but are recommended to protect officers and directors from personal liability;.

Indiana Department of Revenue  
Enforcement Division/ Dissolutions/MS-104  
100 N. Senate Ave., Rm. N241  
Indianapolis, IN 46204  
Telephone: (317) 233-0389  
Website: <http://www.in.gov/dor/3776.htm>

Indiana Attorney General, Unclaimed Property  
PO Box 2504  
Greenwood, IN 46142  
Telephone: (866) 462-5246  
E-mail: [UPD@atg.in.gov](mailto:UPD@atg.in.gov)

Indiana Department of Workforce Development  
Employers Audit Section  
10 N Senate Ave  
Indianapolis, IN 46204  
Telephone: (317) 232-7436