



ARTICLES OF DISSOLUTION OF A CORPORATION

State Form 34471 (R16 / 05-24)
Approved by State Board of Accounts, 2017

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 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)	





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Indiana Code 23-1-45-3
23-0.5-9-4

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 corporation 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		
		A	B	C
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 said Corporation, hereby executes
(Title)
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 must be filed with the following Indiana State agencies: Department of Revenue (IC 6-8.1-10-9) and Indiana Department of Workforce Development (IC 22-4-32-23).