Reset Form

# ARTICLES OF DISSOLUTION OF A DOMESTIC NONPROFIT CORPORATION

State Form 39080 (R8 / 4-12) Corporate Form No. 364-5 (1-88)

Approved by State Board of Accounts, 1995


**CONNIE LAWSON**
**SECRETARY OF STATE**
**CORPORATIONS DIVISION**
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576


***INSTRUCTIONS:*** *Use 8 1/2" x 11" white paper for attachments.*
*Present original and one copy to address in upper right corner of this form.*
*Please TYPE or PRINT.*
*Please visit our office on the web at: www.sos.in.gov.*

Indiana Code 23-17-22-3

**FILING FEE IS $30.00**

The undersigned officer of the Indiana Nonprofit Corporation named in Article I below *(hereinafter referred to as the "Corporation")* desiring to give notice of corporate action effectuating the dissolution of the Corporation pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991 *(hereinafter referred to as the "Act"),* certifies the following facts:

## ARTICLE I - CORPORATE NAME

Name of Corporation

## ARTICLE II - DATE OF INCORPORATION

Date of Incorporation *(month, day, year)*

## ARTICLE III - AUTHORIZATION

Dissolution was authorized (pursuant to Indiana Code 23-17-22-2) on _____ , 20 _____

## ARTICLE IV - APPROVAL OF BOARD OF DIRECTORS

Dissolution was approved by a sufficient vote of the Board of Directors.

☐ Yes ☐ No

## ARTICLE V - APPROVAL OF MEMBERS

**IF APPROVAL OF MEMBERS WAS NOT REQUIRED:**

Dissolution was approved by a sufficient vote of the Board of Directors or incorporators.

☐ Yes ☐ No

Dissolution was approved by a person other than the members, and that approval pursuant to Indiana Code 23-17-22-2 (b) (3) was obtained.

☐ Yes ☐ No

**IF APPROVAL OF MEMBERS WAS REQUIRED, A OR B MUST BE COMPLETED:**

| **A. VOTES CAST FOR OR AGAINST DISSOLUTION** | **TOTAL** | **MEMBERS OR DELEGATES ENTITLED TO VOTE AS A CLASS** | | |
|---|---|---|---|---|
| | | **1** | **2** | **3** |
| MEMBERS OR DELEGATES ENTITLED TO VOTE | | | | |
| MEMBERS OR DELEGATES VOTED IN FAVOR | | | | |
| MEMBERS OR DELEGATES VOTED AGAINST | | | | |

| **B. FOR USE WHERE VOTES ARE UNDISPUTED** | **TOTAL** | **MEMBERS OR DELEGATES ENTITLED TO VOTE AS A CLASS** | | |
|---|---|---|---|---|
| | | **1** | **2** | **3** |
| MEMBERS OR DELEGATES ENTITLED TO VOTE | | | | |
| TOTAL NUMBER OF UNDISPUTED VOTES | | | | |

IN WITNESS WHEREOF, the undersigned being the _____ of the Corporation executes these Articles of Dissolution and
(*Title*)
verifies, under penalties of perjury, that the statements 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 6-8.1-10-8); and the Indiana Department of Workforce Development (IC 22-4-32-22). Clearances from these agencies are no longer necessary.

Indiana Department of Revenue
Compliance Division
100 N. Senate Ave., Room N203
Indianapolis IN 46204
Telephone: (317) 232-2118

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

Indiana Attorney General
Unclaimed Property Section
402 W. Washington St., 5th Floor
Indianapolis, IN 46204
Telephone: (317) 232-6348