



**United States  
of  
America Republic**  
Travis-Austin: Bey, Secretary of State

Corporations Division  
PO Box 12544 Chicago, IL 60612

**Articles of Dissolution by Voluntary Action**

*(Submit with filing fee of \$25.00)*

The undersigned corporation, for the purpose of dissolving the corporation, and pursuant to the provisions of The General and Business Corporation Law of United States of America Republic, hereby executes the following Articles of Dissolution:

1. The Corporation's name is \_\_\_\_\_ Charter #: \_\_\_\_\_

2. The dissolution was authorized on: \_\_\_\_\_  
*(Must be dissolved by a 2/3 vote of outstanding shares entitled to vote.)* *month/day/year*

3. The following shareholder voting occurred:  
*(If voting by class or series of stock is required, information must be provided for each class or series):*

A. Number of votes (outstanding shares entitled to vote) for dissolution by class was:

Class/Series	Number entitled to vote
_____	_____

B. Complete either i or ii (skip if C is used).

i. Number of votes cast for and against dissolution were:

Class/Series	For	Against
_____	_____	_____

or ii. Number of undisputed votes cast for dissolution was sufficient for approval, and was:

Class/Series	Number voted
_____	_____

C. (Skip if B was used) The dissolution was approved by written consent of all shareholders. (Outstanding shares entitled to vote.)  
Check here for "Yes" ☐

4. The effective date of this document is the date it is filed by the Secretary of State of U.S.A.R. unless a future date is otherwise indicated:

\_\_\_\_\_  
*(Date may not be more than 90 days after the filing date in this office)*

In Affirmation thereof, the facts stated above are true and correct.

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, USRS)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province, and Zip Code: \_\_\_\_\_