



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Certificate of Dissolution/Withdrawal **Non-Profit Corporation**

NRS 82, 81.010, 81.170-81.270, 81.410, 80 and 84

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity Information:	Name of entity as on file with the Nevada Secretary of State: <div></div> Entity or Nevada Business Identification Number (NVID): <div></div>								
2. Effective Date and Time: (Optional)	Date: <div></div> Time: <div></div> (must not be later than 90 days after the certificate is filed)								
3. Type of Dissolution/ Withdrawal Filing Being Completed: (Select only one box)	<div><input type="checkbox"/> NRS 82.446: Voluntary Dissolution at Request of Members A corporation may be dissolved and its affairs wound up voluntarily by the written request of a majority of the members of any person or superior organization whose approval is required by a provision of the articles authorized by NRS 82.091. The request must be set forth in the following format: a) Be addressed to the directors. b) Specify reasons why the winding up of affairs of the corporation is deemed advisable. c) Name three persons who are members to act as trustees in liquidation and in winding up of the affairs of the corporation. The act of a majority of the directors as trustees remaining in office is the act of the directors as trustees. <u>A copy of said request as described above must accompany this form.</u></div> <div><input type="checkbox"/> NRS 82.451: Voluntary Dissolution by Directors and Members or by Directors Alone; Directors to Act as Trustees For Liquidation and Winding Up of Corporate Affairs Names and addresses, either residence or business, of the president, secretary, and treasurer, or the equivalent thereof, and all directors of the corporation : <table border="0"><tr><td><div></div> President or Equivalent</td><td><div></div> Address</td></tr><tr><td><div></div> Secretary or Equivalent</td><td><div></div> Address</td></tr><tr><td><div></div> Treasurer or Equivalent</td><td><div></div> Address</td></tr><tr><td><div></div> Director</td><td><div></div> Address</td></tr></table><p>I declare that a resolution to dissolve the above named corporation has been adopted by the board of directors and by any superior organization whose approval is required by a provision of the articles authorized by NRS 82.091. If there are members entitled to vote to take action upon the resolution to dissolve, the undersigned further declare that the resolution has been adopted by a majority of all the voting power.</p></div> <div><input type="checkbox"/> NRS 80.200: Withdrawal of Foreign Non-Profit Corporation Qualified to do Business in Nevada State or country of incorporation: (required) <div></div> Modified name (if foreign qualification filed pursuant to 80.025) <div></div> The corporation hereby notifies the Secretary of State of Nevada of its intention to surrender its right to transact business and withdraw from the State of Nevada. By authority of a resolution of the board of directors of said corporation, this notice of withdrawal is executed by the proper officers thereof.</div> <div><input type="checkbox"/> NRS 84: Dissolution For a Nevada Corporation Sole</div>	<div></div> President or Equivalent	<div></div> Address	<div></div> Secretary or Equivalent	<div></div> Address	<div></div> Treasurer or Equivalent	<div></div> Address	<div></div> Director	<div></div> Address
<div></div> President or Equivalent	<div></div> Address								
<div></div> Secretary or Equivalent	<div></div> Address								
<div></div> Treasurer or Equivalent	<div></div> Address								
<div></div> Director	<div></div> Address								
4. Signature*: (Required)	<div><input checked="" type="checkbox"/> <div></div> Signature of Officer, Incorporator or Director</div> <div><div></div> Title</div>								

*attach a plain 8 1/2" x 11" sheet to list additional signatures.

FILING FEE: \$50.00



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing
Service Requested:

☐

Regular

☐

24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

Credit Card (attach ePayment checklist)

☐

Trust Account:

☐

Use balance remaining in job #



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1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing
Service Requested:

☐

2-Hour Expedite
(additional **\$500.00** fee included)

☐

1-Hour Expedite
(additional **\$1000.00** fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery:

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgment (e-mail) or to provide a correct e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in complete filing condition.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular ☐ 24-HOUR Expedite ☐ 4-HOUR Expedite (Apostille only)
☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐ Same Day (Domestic Partnership only)

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!
This section will be destroyed after the payment is processed.