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

Instructions for Dissolution/ Withdrawal - Profit Corporation

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

1. NAME OF ENTITY: Enter the current name as on file with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

2. EFFECTIVE DATE AND TIME: This section is optional. If an effective date and time is indicated the date must not be more than 90 days after the date on which the certificate is filed.

3. TYPE OF DISSOLUTION/WITHDRAWAL FILING BEING COMPLETED: Indicate what type of Dissolution or Withdrawal is being completed by selecting one box.

Dissolution Before Payment of Capital and Beginning of Business NRS 78.575

Business has not begun, and no part of the capital has been paid. The undersigned comprise a majority of the incorporators or of the board of directors.

Or

Dissolution Before or After Issuance of Stock and After Beginning of Business NRS 78.580

The resolution to dissolve said corporation has been approved by the directors or both the directors and stockholders as provided in NRS 78.580(1) and (2). The names and addresses of the president, secretary, treasurer or Equivalent and all directors.

Or

Withdrawal of Foreign Profit Corporation Qualified to do Business NRS 80

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.

4. SIGNATURE(S): Must be signed by an Officer, Incorporator or Director, if more than 2 signatures an additional page may be attached. Form will be returned if unsigned.

Filing may be submitted Online at www.nvsilverflume.gov., or to the Office of the Secretary of State, by mail to the following addresses:

Carson City – Main Office
Regular and Expedited Filings

Mail:
Secretary of State
Commercial Recordings Division
401 North Carson Street
Carson City NV 89701-4201

Phone: 775-684-5708
Fax: 775-684-5725

General Inquires: sosmail@sos.nv.gov

Las Vegas – Satellite Office
Expedited Filings Only

Mail:
Secretary of State
North Las Vegas City Hall
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030

Phone: 702-486-2880
Fax: 702-486-2888

General Inquires: soslvmail@sos.nv.gov

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Certificate of Dissolution/Withdrawal Profit Corporation

NRS 78,78A, 78B, 80 and 89

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:

Entity or Nevada Business Identification Number (NVID):

2. Effective Date and Time: (Optional)

Date: Time:

(must not be later than 90 days after the certificate is filed)

3. Type of Dissolution/ Withdrawal Filing Being Completed: (Select only one box)

☐ NRS 78.575: Dissolution Before Payment of Capital and Beginning of Business

Business has not begun, and no part of the capital has been paid.
The undersigned comprise a majority of the incorporators or of the board of directors.

☐ NRS 78.580: Dissolution Before or After Issuance of Stock and After Beginning of Business

The resolution to dissolve said corporation has been approved by the directors or both the directors and stockholders as provided in NRS 78.580(1) and (2). The names and addresses of the president, secretary, treasurer or Equivalent and all directors* are:

President or Equivalent — Address

Secretary or Equivalent — Address

Treasurer or Equivalent — Address

Director — Address

☐ NRS 80.200: Withdrawal of Foreign Profit Corporation Qualified to do Business in Nevada

State or country of incorporation: (required)

Modified name (if foreign qualification filed pursuant to 80.025)

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.

4. Signature*: (Required)

X _____ Title

Signature of Officer, Incorporator or Director

X _____ Title

Signature of Officer, Incorporator or Director

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

FILING FEE: $100.00

Revised: 8/1/2023

230305

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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 # _____

PRINT

230405

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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)*****

_____

***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 # _____

PRINT

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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 filling 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 *PRINT Completed Form* ERASE / RESET FORM

X_____**PRINT, Then SIGN and DATE this form. DO NOT EMAIL this form**_____ **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.