STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION
CERTIFICATE OF DISSOLUTION

PURPOSE: In order to dissolve a Nonprofit Corporation under Sections 10A-1-9.11 and 10A-3A-11.05 of the *Code of Alabama 1975*, this Certificate of Dissolution and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the $100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*You may file the dissolution online in the time it takes to type this request.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored ($30 fee).

This form must be typed and will not be accepted via email.

1. The current recorded name of the Corporation:

   _____

2. Alabama Entity ID Number (Format: 000-000):_____ - _____ - _____ **TO OBTAIN ID NUMBER**, go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended**.

3. The date the dissolution was authorized: ____/____/_____
   (MM/DD/YYYY)

4. The original date of incorporation: ____/____/_____
   (MM/DD/YYYY)

5. The nonprofit corporation certifies that the proposal to dissolve was duly approved in the manner required by Chapter 3A and by the certificate of incorporation.

6. The nonprofit corporation certifies that all debts, obligations, and liabilities of the nonprofit corporation have been paid and discharged or that adequate provisions have been made thereof.

7. The nonprofit corporation certifies that the remaining property and assets of the nonprofit corporation will be transferred, conveyed, or distributed in accordance with the provisions of Title 10A, Chapter 3A, of the *Code of Alabama.*

8. The nonprofit corporation certifies that there are no suits pending against the nonprofit corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order, or decree, which may be entered against it in any pending suit.

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

DOMESTIC NONPROFIT CORPORATION ARTICLES OF DISSOLUTION

9. The nonprofit corporation is dissolved upon the effective date of this certificate of dissolution as recorded in the Office of the Secretary of State. The nonprofit corporation may revoke its dissolution within 120 days after the effective date of dissolution and be reinstated.

10. The effective date of the Articles of Dissolution: / / (MM/DD/YYYY)

/ /
Date (MM/DD/YYYY)

Signature of authorized person

Typed name and title of above signature

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus $2.00).

Information MUST be typed or filing will be returned without review.

Entity Name:_____

AL Entity ID #, required for all filings other than formation/registration: _____-_____-_____
(ex: 000-000-000)

Service Requested: ☑ $100.00 Dissolution/Cancellation filing fee

Hold at Front Desk for pick-up by:_____
There is no notification service/call for pick-up.

Choose one of the following:

○ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

○ Charge fees to prepaid account: Account Number_____

and Account Name_____

_____
Typed Name & Signature of Authorized Individual on Account

◉ Credit Card Type:_____(Visa, MC, Discover & AmEx)

Card Number:_____Expiration Mo/Yr.:_____/_____ (MM/YY)

Card Holder Name:_____

Complete Billing Address:_____
Street or PO Box

_____
City State Zip

Signature of Card Holder:_____
MUST be Signature of Card Holder