

Filing Fee \$10.00

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

**VOLUNTARY DISSOLUTION
BY INCORPORATORS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §1101-A](#), the undersigned corporation adopts the following Voluntary Dissolution by Incorporators for the purpose of dissolving the corporation.

FIRST: The filing date of its articles of incorporation was _____.

SECOND: The corporation has not carried on activities.

THIRD: No debts of the corporation remain unpaid.

FOURTH: A majority of the incorporators consent to the dissolution of the corporation.

FIFTH: All required Annual Reports have been filed with the Secretary of State. (Note: If the dissolution process is completed on or before June 1st, then the Annual Report covering the previous calendar year is not required.)

SIXTH: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(incorporator)

(type or print name and capacity)

*By _____
(incorporator)

(type or print name and capacity)

*By _____
(incorporator)

(type or print name and capacity)

*This document **MUST** be signed by a majority of the **incorporators**.

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)