

Filing Fee \$75.00

**DOMESTIC
BUSINESS CORPORATION**

STATE OF MAINE

ARTICLES OF DISSOLUTION

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
--

(Name of Corporation)

Pursuant to [13-C MRSA §1404](#), the undersigned corporation executes and delivers the following Articles of Dissolution:

- FIRST:** The date the original articles of incorporation were filed _____.
- SECOND:** The date on which the dissolution was authorized is _____.
- THIRD:** The future effective date of the articles of dissolution (if other than the date of filing of the articles of dissolution) is _____.
- FOURTH:** (Check if applicable.)

The proposal to dissolve was duly approved by the shareholders in the manner required by this Act and by the corporation's articles of incorporation.

DATED _____

*By _____
(signature of any duly authorized officer)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer **OR** the clerk. ([13-C MRSA §121.5](#))

Please remit your payment made payable to the Maine 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)