## Filing Fee \$75.00 **DOMESTIC BUSINESS CORPORATION** STATE OF MAINE ARTICLES OF DISSOLUTION Deputy Secretary of State A True Copy When Attested By Signature (Name of Corporation) Deputy Secretary of State 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 . . The date on which the dissolution was authorized is \_\_\_\_\_ **SECOND:** 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 (signature of any duly authorized officer)

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

(type or print name and capacity)

<sup>\*</sup>This document MUST be signed by any duly authorized officer OR the clerk. (13-C MRSA §121.5)

## **Customer Contact Cover Letter**

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check on	aly if applicable)
Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time
Payment can be made by check or money orde obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.
Total fee(s)	) enclosed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)
Name and address of person to return the attested	ed copy of the completed filing:
(Nan	ne of attested copy recipient)
	(Firm or Company)
	(Mailing Address)
	(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

**Submit filings to:** 

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330