

**STATE OF ALABAMA**

**DOMESTIC BUSINESS CORPORATION  
ARTICLES OF DISSOLUTION**

PURPOSE: In order to dissolve a Business Corporation (formerly known as For-Profit Corporation) under Sections 10A-1-9.11 and 10A-2A-14.03 of the *Code of Alabama 1975*, these Articles of Dissolution and the appropriate filing fee must be filed with the Office of the Alabama Secretary of State.

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: 000-000-000): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER**, go to our website at [www.sos.alabama.gov](http://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)

**Item 4, 5, or 6 MUST be checked/completed with any appropriate attachments.**

4. \_\_\_The dissolution was approved by the stockholders. The number of votes entitled to be cast on the proposal to dissolve was \_\_\_\_\_ (this information is required for item a or b).

**Complete one of the following:**

a. The total number of votes cast for dissolution was \_\_\_\_\_ and the total number of votes cast against dissolution was \_\_\_\_\_

b. The total number of undisputed votes cast for dissolution was \_\_\_\_\_ which was a sufficient number of votes to approve dissolution.

5. \_\_\_Dissolution by voting groups was required, the information required in item 4 above is provided for each voting group and is attached to and made part of this Articles of Dissolution document.

6. \_\_\_The dissolution was approved by written consent of all stockholders under Section 10A-2A-14.02(f) and a copy of the written consent or consents signed by all the stockholders of the corporation is attached to and made part of this Articles of Dissolution document.

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

(For SOS Office Use Only)

**DOMESTIC BUSINESS CORPORATION ARTICLES OF DISSOLUTION**

- 7. The Articles of Dissolution are effective on the date the document is filed in the Office of the Alabama Secretary of State. The corporation may file a Revocation of Dissolution with the Office of the Alabama Secretary of State within 120 days of the effective date. After the 120 days for revocation lapse, a corporation cannot revoke or reinstate it must be filed as a new Certificate of Formation.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-2A-1.20

\_\_\_\_\_  
Typed name of above signature

\_\_\_\_\_  
Typed title/capacity to sign under 10A-2A-1.20

**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**