



MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES										
Date Received	(FOR BUREAU USE ONLY)									
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.										
<table border="1"><tr><td colspan="3">Name</td></tr><tr><td colspan="3">Address</td></tr><tr><td>City</td><td>State</td><td>ZIP Code</td></tr></table>		Name			Address			City	State	ZIP Code
Name										
Address										
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Effective Date:										

 Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office. 

CERTIFICATE OF DISSOLUTION
For use by Domestic Corporations
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned person(s) executes the following Certificate:

1. The name of the corporation is:	
2. The identification number assigned by the Bureau is:	
3. The corporation has not commenced business or affairs, has issued no shares, has no members entitled to vote on dissolution, and has no debts or other liabilities.	
4. The corporation has received no payments on subscriptions for its shares or memberships, contributions or other funds from members or third parties, or, if it has received payments, has returned them to those entitled thereto, less any part thereof disbursed for expenses.	
5. A majority of the incorporators or directors have elected that the corporation be dissolved.	

Signed this _____ day of _____ , _____

Signatures of a majority of the ☐ Incorporators **OR** ☐ Directors (check only one box)

(Signature)

(Type or Print Name and Title)

(Signature)

(Type or Print Name and Title)

(Signature)

(Type or Print Name and Title)

(Signature)

(Type or Print Name and Title)

(Signature)

(Type or Print Name and Title)

(Signature)

(Type or Print Name and Title)

Name of person or organization remitting fees:

Preparer's name and business telephone number:

INFORMATION AND INSTRUCTIONS

1. A Certificate of Dissolution cannot be filed until this form, or a comparable document, is submitted. This form may be used to draft your Certificate of Dissolution. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since the document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
3. This Certificate is to be used pursuant to section 803 of Act 284, P.A. of 1972 or Act 162, P.A. of 1982, by incorporators or directors to dissolve a corporation that has not yet commenced transacting business or conducting affairs.
4. Item 2 - Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
5. A tax clearance from the Michigan Department of Treasury is not required for this form of dissolution.
6. A consent to the dissolution or a written statement that the consent is not required must be obtained from the Consumer Protection and Charitable Trust Division, Michigan Attorney General, P.O. Box 30214, 525 W. Ottawa, Lansing, MI 48909 (517) 373-1152 and submitted with this document for all nonprofit charitable purpose corporations (excluding churches). Application for the consent should be made at least 45 days before the desired effective date of the dissolution. **If the consent or written statement is not submitted with the document, the document will be returned to the submitter and our files closed.**
7. This Certificate must be signed by a majority of the incorporators or directors of the corporation.
8. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include corporation name and identification number on check or money order **\$ 10.00**

To submit by mail:

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services - Corporation Division
7150 Harris Drive
P.O. Box 30054
Lansing, MI 48909

To submit in person:

2501 Woodlake Circle
Okemos, MI
Telephone: (517) 241-6470

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6420, or visit our website at <http://www.michigan.gov/corporations>
Customer with MICH-ELF Filer Account: Send document to (517) 241-9845

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.