



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/02/2009	200903001566	DOMESTIC/DISSOLUTION (DIS)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

DAN TURNER
146 HIGH STREET
PEEBLES, OH 45660

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**899436**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LYKINS WELDING, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/DISSOLUTION

Document No(s):

200903001566

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 29th day of January, A.D.
2009.

Ohio Secretary of State

Print Form



Prescribed by

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 1329
Columbus, OH 43216

CERTIFICATE OF DISSOLUTION BY SHAREHOLDERS, DIRECTORS, OR INCORPORATORS

(Domestic Profit)
(Filing Fee \$50.00)

(CHECK ONLY ONE (1) BOX)

(1) ☒ Shareholders (150-DISS) (2) ☐ Directors (137-DISD) (3) ☐ Incorporators (138-DISI)

Complete the general information in this section for the box checked above.

LYKINS WELDING, INC

(Exact Name of Corporation)

~~899346~~ 499736
(Charter Number)

CONNIE LYKINS

(Name)

who is

SECY/TREASURER

(Title)

of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on 03/24/1995 do hereby certify that:
(Date)

Effective Date (Optional)

(mm/dd/yyyy)

Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.

The place where its principal office in Ohio is or is to be located is:

PEEBLES

(City, Township or Village)

, Ohio ADAMS

(County)

The name and Ohio address of statutory agent is:

CONNIE LYKINS

(Name)

1414 PORTSMOUTH RD.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

PEEBLES

(City)

, Ohio

45660

(Zip Code)

NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate records in the secretary of state's office, the named agent must acknowledge and accept the appointment as statutory agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned, CONNIE LYKINS, named herein as the

Statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Signature: X Connie Lykins
(Statutory Agent)

Complete the information in this section if box (1) or (2) is checked.

The names and complete street addresses of the DIRECTORS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
CONNIE LYKINS	1414 PORTSMOUTH ROAD	PEEBLES, OH	45660
EDWARD LYKINS	1414 PORTSMOUTH ROAD	PEEBLES, OH	45660

The names and complete street addresses of the OFFICERS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
CONNIE LYKINS	1414 PORTSMOUTH ROAD	PEEBLES, OH	45660
EDWARD LYKINS	1414 PORTSMOUTH ROAD	PEEBLES, OH	45660

Complete the information in this section if box (1) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution adopted:
(Check one of the following)

- ☒ at a special meeting of the shareholders of said corporation, notice of which was given to all shareholders of every class, whether entitled to vote or not, by the votes cast in person or by proxy, by the holders of record of shares entitling them to exercise 100 % of the voting power
- ☐ in writing signed under provisions of section 1701.54 of the ORC by all the shareholders who would be entitled to a notice of a meeting held for such purpose declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED

Must be authenticated (signed)
by an authorized representative

x Connie Lykins
Authorized Representative

1-26-09
Date

Complete the information in this section if box (2) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution of the Board of Directors adopted pursuant to section 1701.86(D) (_____) (must insert proper paragraph of the ORC)

(Check one of the following)

- ☐ at a meeting duly called and held on _____
- ☐ in writing signed by all of the directors pursuant to section 1701.43 of the ORC declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED

Must be authenticated (signed)
by an authorized representative

Authorized Representative

Date

Complete the information in this section if box (3) is checked.

The names and complete street addresses of the INCORPORATORS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code

Whereas, the corporation has not begun business, or, subscriptions to shares have not been received as set forth in the articles, the incorporators elect to dissolve the corporation.

REQUIRED

Must be authenticated (signed)
by an authorized representative

Authorized Representative

Date

Authorized Representative

Date

Authorized Representative

Date

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

LYKINS WELDING, INC.

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY
Ohio Department of Taxation
Dissolution Section
Box 182382
Columbus, Ohio 43218-2382

DATE NOTIFIED

12/31/2008

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Overnight: 4020 East 5th Avenue
Columbus, OH 43219-1811
Regular: P.O. Box 182413
Columbus, OH 43218-2413
Fax: 614-752-4811
Phone: 614-466-2319

12/31/2008

The treasurer of any County named below:

CLINTON

12/31/2008

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

12/31/2008

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: Connie Lykins

Title: SECY/TREASURER

Name: CONNIE LYKINS

1414 PORTSMOUTH ROAD

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

PEEBLES

OHIO

45660

(City)

(State)

(Zip Code)

State of Ohio

County of Adams

Sworn before me and subscribed in my presence on

January 26, 2009
(Date)

Darlene M. Turner
(Notary Public)

Darlene M. Turner

Commission Expires

Feb. 18, 2011
(Date)

(Notary Seal)

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF OHIO

County of ADAMS :SS

CONNIE LYKINS

, being first duly sworn, deposes and says that she/he is

SECY/TREASURER

of

LYKINS WELDING, INC.

(Title)

that this affidavit is made in compliance with section

1701.54

of the ORC:

(Section #)

That said corporation has (Check one of the following)

☒ A. has no personal property in any county in the State of Ohio:

☐ B. personal property only in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: x *Connie Lykins*

Name: CONNIE LYKINS

Sworn before me and subscribed in my presence on

January 26, 2009
(Date)

Darlene M. Turner
(Notary Public)
Darlene M. Turner

(Notary Seal)

Commission Expires

Feb. 18, 2011
(Date)