



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/31/2011	201114700920	DOMESTIC/DISSOLUTION (DIS)	50.00	.00		.00	.00

Receipt

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

ALFRED J FLEMING CO LPA
400 CITY CENTRE ONE
YOUNGSTOWN, OH 44503

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**798598**

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

SATURN OF ROUTE 422, INC.

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

Document(s)

DOMESTIC/DISSOLUTION

Document No(s):

201114700920

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 26th day of May, A.D.
2011.

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 Address 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.

Saturn of Route 422, Inc.

(Exact Name of Corporation)

798598

(Charter Number)

James E. Pace

(Name)

who is

President/Secretary

(Title)

of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on 6/24/1991 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:

Niles

(City, Township or Village)

, Ohio

Trumbull

(County)

The name and Ohio address of statutory agent is:

James E. Pace

(Name)

430 Youngstown-Warren Road

(Street)

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

Niles

(City)

, Ohio

44446

(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, James E. Pace, 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

(Statutory Agent)

2011 MAY 26 AM 11:18

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
James E. Pace	430 Youngstown-Warren Road	Niles, OH	44446

The names and complete street addresses of the OFFICERS are:
Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
James E. Pace	430 Youngstown-Warren Road	Niles, OH	44446
Kathleen T. Pace	430 Youngstown-Warren Road	Niles, OH	44446

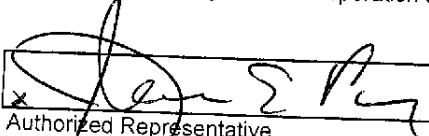
Complete the information in this section if box (1) is checked.

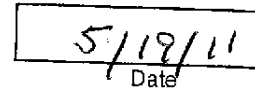
The undersigned have been authorized to execute and file this certificate by a resolution adopted:
 (Check one of the following)

- ☐ 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 _____ % 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


 Authorized Representative
 James E. Pace


 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)

Saturn of Route 422 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

4/29/2011

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

4/29/2011

The treasurer of any County named below:

Trumbull County Treasurer

4/29/2011

160 High St. N.W.

Warren, OH

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

4/29/2011

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

By: James E. Pace

Title: President

Name: James E. Pace

430 Youngstown-Warren Rd.

(Street)

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

Niles

(City)

OH

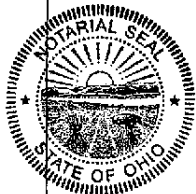
(State)

44446

(Zip Code)

Sworn before me and subscribed in my presence on

May 4, 2011
(Date)



Alfred J. Fleming, Attorney at Law
Notary Public - State of Ohio
My Commission has no Expiration Date
Section. 147.03 R.C.

(Notary Seal)

Alfred J. Fleming
(Notary Public)

Commission Expires

No expiration
(Date)

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

STATE OF OHIO

County of Trumbull :SS

James E. Pace, being first duly sworn, deposes and says that she/he is

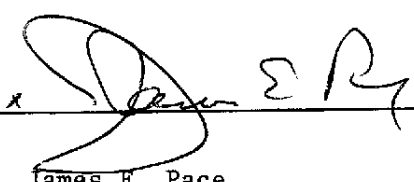
President/Secretary of Saturn of Route 422, Inc.

(Title)
that this affidavit is made in compliance with section 1701.86(D)(4) 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)

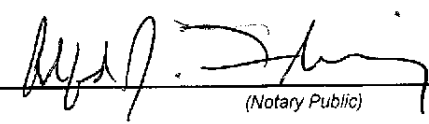
and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

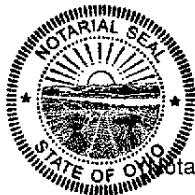
Signature: 

Name: James E. Pace

Sworn before me and subscribed in my presence on

May 19, 2011
(Date)


(Notary Public)



Alfred J. Fleming, Attorney at Law
Notary Public - State of Ohio
My Commission has no Expiration Date
Section. 147.03 R.C.

Commission Expires No expiration
(Date)