



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/17/2015	201510601768	DISSOLUTION (DIS)	50.00	0.00	0.00	0.00	0.00

Receipt

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

C. RICHARD THOMPSON CO LPA
371 LEXINGTON AVE.
MANSFIELD, OH 44907

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
430836

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

ANDERSON REPAIR, INCORPORATED

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

Document(s)
DISSOLUTION

Document No(s):
201510601768

Effective Date: 04/13/2015



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
17th day of April, A.D. 2015.

Ohio Secretary of State



Form 561 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:

Regular Filing (non expedite)
 P.O. Box 1329
 Columbus, OH 43216

Expedite Filing (Two-business day processing
 time requires an additional \$100.00).

P.O. Box 1390
 Columbus, OH 43216

Certificate of Dissolution

(For-Profit, Domestic Corporation)

Filing Fee: \$50

2015 MAR 26 PM 1:48

2015 APR 13 AM 11:49

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

Name of Corporation Anderson Repair, Incorporated

Charter Number 430836

Location of Principal Office in Ohio

Manfield

City

Richland

County

Ohio

State

The internet address of each domain name held or maintained by or on behalf of the corporation:

☒ The corporation did not hold or maintain any domain names.

Name and address of the Statutory Agent.

Pamela K. Bjore

Name

225 Oak Street

Address

Mansfield

City

Ohio

State

44907

Zip Code

Please complete this section if the corporation is appointing a new agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Pamela K. Bjore

Statutory Agent Name

, named herein as the

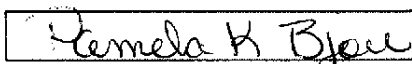
Statutory agent for,

Anderson Repair, Incorporated

Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature



Individual Agent's Signature/Signature on behalf of Business Serving as Agent

The date of dissolution if other than the filing date

MM/DD/YYYY

Note: The date of dissolution must be on the date of filing, or a later date that is not more than 90 days after the date of filing, pursuant to Ohio Revised Code section 1701.86(F)(7).

Pursuant to Ohio Revised Code section 1701.87(E), a copy of the notice required by Ohio Revised Code section 1701.87(B) must be attached to this filing. (Please attach the notice or complete page 5 of this form.)

Check only one box below and provide information as required:

- ☐ (1.) The resolution of dissolution was adopted by the **Incorporators**. Pursuant to Ohio Revised Code section 1701.86(C), if an initial stated capital was not set forth in the articles then before the corporation begins business, or if an initial stated capital is set forth in the articles then before subscriptions to shares shall have been received in the amount of that initial stated capital, the incorporators or a majority of them may adopt, by a writing signed by them, a resolution of dissolution. (138-DISI)

The names and addresses of all the incorporators must be set forth below:

Name

Address

Name

Address

Name

Address

The resolution of dissolution was adopted by the **Directors**. Pursuant to Ohio Revised Code section 1701.86 (D), directors may adopt a resolution of dissolution in the following cases, please check the box to state the proper statement of the basis for the adoption. (137-DISD)

- ☐ (2.) The resolution of dissolution was adopted:
- ☐ When the corporation has been adjudged bankrupt or has made a general assignment for the benefit of the creditors;
 - ☐ By leave of the court, when a receiver has been appointed in a general creditor's suit or in any suit in which the affairs of the corporation are to be wound up;
 - ☐ When substantially all of the assets have been sold at judicial sale or otherwise;
 - ☐ When the articles have been canceled for failure to file annual franchise or excise tax returns or for failure to pay franchise or excise taxes and the corporation has not been reinstated or does not desire to be reinstated; or
 - ☐ When the period of existence of the corporation specified in its articles has expired.

- ☒ (3.) The articles are hereby dissolved by the **Shareholders** pursuant to Ohio Revised Code section 1701.86(E).

(150-DISS)

Note: Pursuant to Ohio Revised Code section 1701.86(H)(2), all domestic for-profit corporations must attach to this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

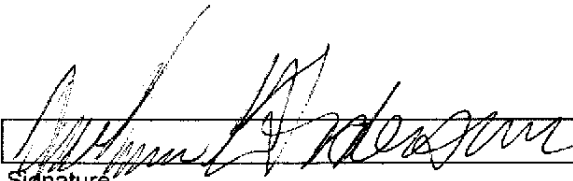
Required

When the resolution is adopted by the incorporators, the certificate shall be signed by not less than a majority of the incorporators.

In all other cases, the certificate shall be signed by any authorized officer, unless the officer fails to execute and file such a certificate within 30 days after the date upon which such certificate is to be filed. In the latter event, the certificate may be signed by any three (3) shareholders or, if there are less than three (3) shareholders, all of the shareholders, form a statement that the persons signing the certificate are shareholders and are filing the certificate because of the failure of the officers to do so.

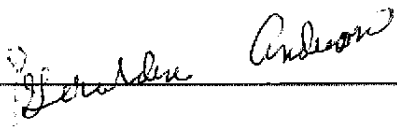
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Arthur G. Anderson
Print Name


Signature

By (if applicable)

Geraldine Anderson
Print Name

Signature

By (if applicable)

Print Name

**Notice of Dissolution to Creditors and Claimants against Corporation
(pursuant to ORC 1701.87)**

Notice of Dissolution of

Anderson Repair, Incorporated

Name of Corporation

Anderson Repair, Incorporated

Name of Corporation

an Ohio corporation (the "corporation") has dissolved. You must present to the corporation any claim against the corporation, including any claim by a creditor or any claim that is conditional, unmatured, or contingent upon the occurrence or nonoccurrence of future events, pursuant to the following:

1. All claims shall be presented in writing and shall identify the claimant and contain sufficient information to reasonably inform the corporation of the substance of the claim.

2. The mailing address to which the person must send the claims is:

225 Oak Street

Address

Mansfield

City

Oh

State

44907

Zip Code

3. The deadline by which the corporation must receive the claim is sixty (60) days after the date this notice is given (the "Deadline").

4. The claim will be barred if the corporation does not receive the claim by the deadline.

The corporation may make distributions to other creditors or claimants, including distributions to shareholders of the corporation, without further notice to the claimant.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Anderson Repair, Incorporated

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 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	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	10/17/2014	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	10/17/2014
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us		☒ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see note below]			

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

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

Signature Pamela K. Bjore Title Sec/Treas.

Pamela K. Bjore

Name

225 Oak Street

Mailing Address

Mansfield

City

Oh

State

44907

Zip Code

Sworn to and subscribed in my presence on

3/18/15
Date

Seal



C. RICHARD THOMPSON

Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My Commission Has
No Expiration Date Notary Public
Section 147.03 O.R.C.

Commission Expires

Date

AFFIDAVIT OF PERSONAL PROPERTY

State of County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Section of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

☒ Has no personal property in any county in Ohio☐ Is the type required to pay personal property taxes to state authorities only☐ Has personal property in the following county (ies)Signature: Title: Sworn to and subscribed in my presence on Date 

C. RICHARD THOMPSON
Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

A handwritten signature of the Notary Public, C. Richard Thompson, written over a horizontal line.
Notary Public

Expiration date of Notary Public's Commission

Date



Department of
Taxation

Taxpayer Services Division
P.O. Box 182382
Columbus, Ohio 43218-2382
Phone: 888-405-4039
TTY/TDD: 800-750-0750
<http://tax.ohio.gov>

CERTIFICATE OF TAX CLEARANCE

This certificate certifies that the below stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date indicated below. Additional tax liabilities may be billed and/or assessed at a later date as a result of an examination or audit for any periods ending prior to the date of dissolution.

ANDERSON REPAIR INCORPORATED

Charter: 430836

Certificate issue date: **March 10, 2015**

A handwritten signature in black ink, appearing to read "Joseph W. Testa".

Joseph W. Testa
Tax Commissioner

Note: This certificate must be filed along with all forms prescribed by the Ohio Secretary of State. For filing information, visit Ohio Secretary of State's web site at ***OhioSecretaryofState.gov***.