



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/26/2017	201702502634	DISSOLUTION (DIS)	50.00	0.00	0.00	0.00	0.00

Receipt

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

RUFFOLO STONE & STONE
ATTN: JOHN M. RUFFOLO
7501 PARAGON ROAD
DAYTON, OH 45459

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
939616

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

THE HUESMAN HEART FOUNDATION, INC.

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

Document(s)
DISSOLUTION

Document No(s):
201702502634

Effective Date: 01/25/2017



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 January, A.D. 2017.

Jon Husted
Ohio Secretary of State



Form 560 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

 Toll Free: (877) SOS-FILE (877-767-3453)
 Central Ohio: (614) 466-3810

www.OhioSecretaryofState.gov
hustedj@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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

2017 JAN 19 AM 9:38

Certificate of Dissolution

(Nonprofit, Domestic Corporation)

Filing Fee: \$50

(139-DISM (Members) & 175-DIST (Directors))

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

 Name of Corporation The Huesman Heart Foundation, Inc.

 Charter Number 939616

Location of Principal Office in Ohio

Dayton
 City

Montgomery
 County

Ohio
 State

Names and addresses of the directors.

Carol Huesman
 Name

1552 Roamont, Dayton, OH 45459
 Address

Robert Yux
 Name

1495 Taitwood, Centerville, OH 45459
 Address

Charles Bertini
 Name

2313 Acme Place, Centerville, OH 45459
 Address

Names and addresses of the officers.

Carol Huesman, President and Secretary

Name

1552 Roamont, Dayton, OH 45459

Address

Mark S. Schaefer, Treasurer

Name

2036 Meadowside Lane, Dayton, OH 45458

Address

Name

Address

Name and address of the Statutory Agent.

John M. Ruffolo

Name

7501 Paragon Road

Address

Dayton

City

Ohio

State

45459

Zip Code

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

ACCEPTANCE OF APPOINTMENT

The Undersigned,

, named herein as the

Statutory Agent Name

Statutory agent for,

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

12/31/2016

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 1702.47(H).

Check the appropriate box and provide information as required:

- ☐ The resolution of dissolution was adopted by the **Directors**. Pursuant to Ohio Revised Code section 1702.47(C), directors may adopt a resolution in the following cases, please check the box to state the proper statement of the basis for the adoption.

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; or
- ☐ When the period of existence of the corporation specified in its articles has expired.

- ☒ The resolution of dissolution was adopted by the **Members** pursuant to Ohio Revised Code section 1702.47(D).

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

Must be signed by an authorized officer, unless the officer fails to execute and file the certificate within 30 days after the adoption of the resolution, or upon any date specified in the resolution as the date upon which the certificate is to be filed, or upon the expiration of any period specified in the resolution as the period within which the certificate is to be filed, whichever is latest, in which event the certificate of dissolution may be signed by any three voting members and shall set forth a statement that the persons signing the certificate are voting members 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.

Carol Huesman
Signature

By (if applicable)

Carol Huesman, Trustee
Print Name

Robert Yux
Signature

By (if applicable)

Robert Yux, Trustee
Print Name

Charles Bertini
Signature

By (if applicable)

Charles Bertini, Trustee
Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities for a Nonprofit Corporation, (ORC section 1702.47(G)(3)).

The Huesman Heart Foundation, Inc.

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 1702.55 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	12/21/2016	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	1-17-2017 Regular: P.O. Box 182413 Columbus, OH 43218-2413

Note: This affidavit must be signed by a person executing the certificate of dissolution or by an officer of the corporation.

Signature

Carol Huesman

Title

President

Carol Huesman

Name

1552 Roamont

Mailing Address

Dayton

City

Ohio

State

45459

Zip Code

Sworn to and subscribed in my presence on

1-17-2017

Date



JOHN M. RUFFOLO, Attorney at Law
Notary Public, State of Ohio
My Commission has no expiration date
Section 147.03 O. R. C.

John M. Ruffolo

Commission Expires

Date