DOC ID ----> 202030701242

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/02/2020	202030701242	DISSOLUTION (DIS)	50.00	0.00	0.00	0.00

Receipt

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

JOHN W. YELSIK
1110 EUCLID AVENUE, SUITE 201
CLEVELAND, OH 44115

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4137234

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

CONSUMERS AGAINST DECEPTIVE FEES

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

Document(s)	Document No(s):
DISSOLUTION	**202030701242**

Effective Date: 11/02/2020

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 2nd day of November, A.D. 2020.

Ohio Secretary of State

DOC ID ----> 202030701242

Form 560 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

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

RECEIVED

Certificate of Dissolution

(Nonprofit, Domestic Corporation)

Filing Fee: $50

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

Form Must Be Typed

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

Name of Corporation: Consumers Against Deceptive Fees

Charter Number: 4137234

Location of Principal Office in Ohio

City	County	State
Cleveland	Cuyahoga	OH

Names and addresses of the directors.

Name	Address
Jason D. Stefan	24864 Detroit Road, Westlake OH 44145
Thomas A. Tatum	2266 Canterbury Circle, Akron OH 44319
Jennifer L. Varhola	5334 Oakwood Drive, Sheffield Village OH 44054

DOC ID ----> 202030701242

Names and addresses of the officers.

Name	Address
John W. Yelsik	1110 Euclid Avenue, Suite 201, Cleveland OH 44115
Jennifer L. Varhola	5334 Oakwood Drive, Sheffield Village OH 44054

Name and address of the Statutory Agent.

John W. Yelsik
Name of Statutory Agent

1110 Euclid Avenue Suite 201
Mailing Address

Cleveland — City
OH — State
44115 — 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 10/20/2020
dissolution 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 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 within30 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.

John W. Yelsik
Signature

John W. Yelsik, President
By (if applicable)

John W. Yelsik
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202030701242

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Consumers Against Deceptive Fees

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 1702.55 of the ORC.

Agency	**Date Notified** (MM/DD/YYYY)
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	10/21/2020

Agency	**Date Notified** (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	10/21/2020

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

Signature John W. Yelsik Title President

John W. Yelsik

Name

1110 Euclid Avenue, Suite 201

Mailing Address

Cleveland | Ohio | 44115

City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 10/20/2020

Notary Public

Date Commission Expires (MM/DD/YYYY) ABIGAIL J. SEAR NOTARY PUBLIC • STATE OF OHIO My commission expires Feb. 6, 2021