DOC ID ----> 202301800418

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/18/2023	202301800418	DISSOLUTION (DIS)	50.00	0.00	0.00	0.00

Receipt

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

THW FORCE INC
347 3RD ST
PORTSMOUTH, OH 45662

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4410348

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

THW FORCE, INC.

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

Document(s)	Document No(s):
DISSOLUTION	**202301800418**

Effective Date: 01/17/2023

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 18th day of January, A.D. 2023.

Ohio Secretary of State

DOC ID ----> 202301800418

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

2023 JAN 17 PM 12:05

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: THW Force Inc

Charter Number: 4410348

Location of Principal Office in Ohio

City	County	State
Portsmouth	Scioto	OH

Names and addresses of the directors.

Name	Address
Timothy Wolfe	347 3rd St Portsmouth, Oh 45662

Names and addresses of the officers.

Name	Address
Bryan Smith	347 3rd St Portsmouth, Oh 45662
Mike Sines	347 3rd St Portsmouth, Oh 45662
John Messer	347 3rd St Portsmouth, Oh 45662

Name and address of the Statutory Agent.

Cindi Wolfe
Name of Statutory Agent

347 3rd St
Mailing Address

Portsmouth (City) | OH (State) | 45662 (ZIP Code)

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

ACCEPTANCE OF APPOINTMENT

The Undersigned, Cindi Wolfe (Statutory Agent Name), named herein as the

Statutory agent for, THW Force Inc (Corporation Name)

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

Statutory Agent Signature: Cindi Wolfe
Individual Agent's Signature/Signature on behalf of Business Serving as Agent

The date of dissolution if other than the filing date: 12/31/2022
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.

THW Force Inc
Signature

By (if applicable)

Timothy Wolfe
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

THW Force 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 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	01/13/2022

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	01/13/2022

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

Signature [signature] Title Director

Timothy Wolfe

Name

347 3rd St

Mailing Address

Portsmouth | Ohio | 45662

City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 12/31/2022

DANIELLE SUMMERS - NOTARY PUBLIC
COMM EXP: FEB 13, 2025
STATE OF OHIO

[signature]

Notary Public

Date Commission Expires (MM/DD/YYYY) 02/13/2025