



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/22/2023	202308103432	DISSOLUTION (DIS)	50.00	0.00	0.00	0.00

Receipt

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

JOEL HOLT
388 S. MAIN ST.
STE. 500
AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
3844100

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PAY HALF CLUB OHIO. INC.

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

Document(s)
DISSOLUTION

Document No(s):
202308103432

Effective Date: 03/21/2023



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
22nd day of March, A.D. 2023.


Ohio Secretary of State

Form 561 Prescribed by:



Telephone: 877.767.3463

OhioSoS.govbusiness@OhioSoS.govFile 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 43216Expedite 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
Form Must Be Typed

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

Name of Corporation Pay Half Club Ohio, Inc.

Charter Number 3844100

Location of Principal Office In Ohio

Stow

City

Summit

County

OH

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.

Marshae Snyder

Name of Statutory Agent

2101 Front St. Suite 104

Mailing Address

Cuyahoga Falls

City

OH

State

44221

ZIP Code

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

Acceptance of Appointment

The Undersigned,

(Name of Statutory Agent)

, named herein as the

Statutory agent for

(Name of Corporation)

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

- ☐ (2.) 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)

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.

(150-DISS)

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

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)

Michael Grossi

Print Name

Signature

By (if applicable)

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

Pay Half Club Ohlo, Inc.

Name of Corporation

Pay Half Club Ohlo, Inc.

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:

4526 Stow Rd. B2

Address

Stow

City

Ohio

State

44224

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.

Pay Half Club Ohio, Inc.

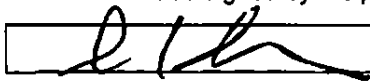
Name of Corporation

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 1701.95 of the ORC.

Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	Date Notified (MM/DD/YYYY) 03/02/2023	Agency 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	Date Notified (MM/DD/YYYY) 03/02/2023 Regular Address: P.O. Box 182413 Columbus, OH 43218-2413
		The corporation is not required to pay or the ☒ department of taxation has not assessed any personal property tax.	

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

Signature



Title

President

Michael Grossl

Name

4526 Stow Rd. B2

Mailing Address

Stow

City

OH

State

44224

ZIP Code

State of

Ohio

County of

Summit

Sworn to or affirmed and subscribed before me by

Michael Grossl

Name of person making oath or affirmation

on this date

01/13/2023

Today's Date (MM/DD/YYYY)

NOTARY SEAL



Attorney Joel A. Holt
 Resident Portage County
 Notary Public, State of Ohio
 My Commission Has No Expiration Date
 Sec 147.03 RC

Notary Public's Signature



NEVER

 Expiration Date of Notary's Commission (MM/DD/YYYY)

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 Ohio Revised Code Section

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

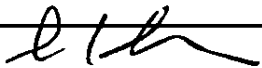
☒ Has no personal property in any county in Ohio☐ Is the type required to pay personal property taxes to state authorities only☐ Has personal property in the following county (ies)

County

County

County

Signature



Title

Sworn to or affirmed and subscribed before me by

Name of person making oath or affirmation

on this date

Today's Date (MM/DD/YYYY)

NOTARY SEAL



Attorney Joel A. Holt
Resident Portage County
Notary Public, State of Ohio
My Commission Has No Expiration Date
Sec 147.03 RC

Notary Public's Signature

 Expiration Date of Notary's Commission (MM/DD/YYYY)



Department of
Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



JOEL A HOLT
388 S MAIN ST STE 500
AKRON, OH 44311
USA

March 06, 2023
Contact ID: 6874321924

RE: Certificate of Tax Clearance
Entity Name: PAY HALF CLUB OHIO INC
Ohio Charter #: 3844100
Certificate Issue Date: 03/06/2023

Up to and including the certificate issue date, all taxes administered by the Tax Commissioner have been filed and paid in full.

This certificate does not preclude the Department from issuing a bill and/or assessment, for any tax returns and/or tax liabilities and fees becoming due, after the certificate issue date. Also, this certificate does not preclude the Department from examining or auditing any period.

This Certificate of Tax Clearance is valid for thirty (30) days after issuance. The Ohio Secretary of State requires it to be submitted with their prescribed forms.


Patricia Harris
Tax Commissioner

If responding to this notice, please use one of the following options:

- **Electronically:** Online Notice Response Service (ONRS) at gateway.ohio.gov or tax.ohio.gov/ONRS
- **Email:** Dissolution@tax.state.oh.us
- **eFax:** 1-206-984-0378
- **Mail:** Ohio Department of Taxation, PO Box 182382, Columbus, OH 43218-2382

Please contact the Department with any questions.

Tax Release Unit
Phone: 1-855-995-4422
TTY/TDD: 1-800-750-0750