



| DATE       | DOCUMENT ID  | DESCRIPTION       | FILING | EXPED | CERT | COPY |
|------------|--------------|-------------------|--------|-------|------|------|
| 10/13/2023 | 202328502842 | DISSOLUTION (DIS) | 50.00  | 0.00  | 0.00 | 0.00 |

### Receipt

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

R.M. SCHULTE & ASSOCIATES, INC.  
ATTN: LYNN ODENWELLER  
216 N. ELIZABETH ST.  
LIMA, OH 45802

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose  
637745

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

**R. M. SCHULTE & ASSOCIATES, INC.**

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

Document(s)  
**DISSOLUTION**

Document No(s):  
**202328502842**

Effective Date: **10/12/2023**



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  
13th day of October, A.D. 2023.

**Ohio Secretary of State**

Form 561 Prescribed by:



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov)[business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://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**

RECEIVED

OHIO SECRETARY OF STATE

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

Name of Corporation

R.M. Schulte &amp; Associates, Inc.

Charter Number

00637745

Location of Principal Office in Ohio

Lima

City

Allen

County

OH

State

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

[facebook.com/RMSchulteJobs/](https://facebook.com/RMSchulteJobs/)☐ The corporation did not hold or maintain any domain names.

Name and address of the Statutory Agent.

Maria Lynn Odenweller

Name of Statutory Agent

1220 Carolyn Drive

Mailing Address

Delphos

City

OH

State

45833

ZIP Code

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

**Acceptance of Appointment**

The Undersigned,

M. Lynn Odenweller

(Name of Statutory Agent)

, named herein as the

Statutory agent for

R.M. Schulte & Associates, Inc.

(Name of Corporation)

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

Statutory Agent Signature

Maria Lynn Odenweller

(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.

Maria Lynn Odenweller  
Signature

By (if applicable)

Maria Lynn Odenweller  
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

R.M. Schulte &amp; Associates, Inc.

Name of Corporation

R.M. Schulte &amp; Associates, 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:

216 N. Elizabeth St.

Address

Lima

City

Ohio

State

45802

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.

R.M. Schulte &amp; Associates, 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                                                                              | Date Notified<br>(MM/DD/YYYY) | Agency                                                                                                                                                     | Date Notified<br>(MM/DD/YYYY)                                         |
|-------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Ohio Bureau of Workers' Compensation<br>30 W. Spring Street<br>Columbus, Ohio 43215 | 07/18/2023                    | Ohio Job & Family Services<br>Status and Liability Section<br>Data Correspondence Control<br>Fax: 614-752-4811<br>Phone: 614-466-2319                      | 07/18/2023                                                            |
| * Only required for domestic for-profit corporations                                |                               | <b>Overnight Address:</b><br>P.O. Box 182413<br>Columbus, OH 43218-2413                                                                                    | <b>Regular Address:</b><br>P.O. Box 182413<br>Columbus, OH 43218-2413 |
|                                                                                     |                               | The corporation is not required to pay or the<br><input checked="" type="checkbox"/> department of taxation has not assessed any<br>personal property tax. |                                                                       |

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

Signature Maria Lynn Odenweller Title Officer, Trustee of Robert M. Schulte Trust

M. Lynn Odenweller

Name

1220 Carolyn Dr

Mailing Address

Delphos

City

Ohio

State

45833

ZIP Code

State of Ohio

County of Allen

Sworn to or affirmed and subscribed before me by

Maria Lynn Odenweller

Name of person making oath or affirmation

on this date

9-12-2023

Today's Date (MM/DD/YYYY)

NOTARY SEAL



**Patricia S Gerberick**  
Notary Public, State of Ohio  
Commission #: 2023-RE-663310  
My Commission Expires 05-02-2028

Notary Public's Signature

Patricia S Gerberick5-2-2028

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 Corporationand 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  
CountySignature 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

**Patricia S Gerberick**  
Notary Public, State of Ohio  
Commission #: 2023-RE-863310  
My Commission Expires 05-02-2028  
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

AUG 17 2023



XAVIER C. BERNHOLD  
STROH, JOHNSON & COMPANY LLP CPAS  
1201 DEFIANCE STREET  
WAPAKONETA, OH 45895  
USA

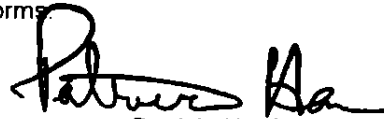
August 14, 2023  
Contact ID: 9884330104

RE: Certificate of Tax Clearance  
Entity Name: R M Schulte & Associates Inc  
Ohio Charter #: 00637745  
Certificate Issue Date: 08/14/2023

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