DOC ID ----> 202430905678

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/05/2024	202430905678	DISSOLUTION (DIS)	50.00	0.00	0.00	0.00

Receipt

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

DIX & ASSOCIATES, INC.
2682 SANDY LAKE RD
RAVENNA, OH 44266

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

336314

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

JARLAN, INC.

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

Document(s)
DISSOLUTION

Document No(s):
202430905678

Effective Date: 11/04/2024

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 5th day of November, A.D. 2024.

Ohio Secretary of State

DOC ID ----> 202430905678

Form 561 Prescribed by:

Frank LaRose
Ohio Secretary of State

Telephone: 877.767.3453
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

2024 NOV -4 PM 12:53

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: JARLAN, INC.

Charter Number: 336314

Location of Principal Office in Ohio

City	County	State
RAVENNA	Portage	OH

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.

DOC ID ----> 202430905678

Name and address of the Statutory Agent.

David H Wilson
Name of Statutory Agent

500 First National Tower
Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

Akron | OH | 44314
City | State | ZIP Code

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

Acceptance of Appointment

The Undersigned, _____ , named herein as the
(Name of Statutory Agent)

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) 10/30/2024

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 (A) and 1701.87(B) must be attached to this filing. (Please attach the notice or complete the Notice of Dissolution to Creditors and Claimants against Corporation.)

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.

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

(150-DISS)

Pursuant to Ohio Revised Code section 1701.86(H)(1) the Affidavit of Personal Property on page 8, must be completed and executed. Pursuant to Ohio Revised Code section 1701.86 (H)(2) receipts, certificates or other evidence must be attached, unless the Affidavit on page 7 is completed and executed, as permitted under Ohio Revised Code section 1701.86(I).

DOC ID ----> 202430905678

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.

DOUGLAS A DIX

Signature

By (if applicable)

DOUGLAS A DIX

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202430905678

Notice of Dissolution to Creditors and Claimants against Corporation
(pursuant to ORC 1701.87)

Notice of Dissolution of JARLAN INC

Name of Corporation

JARLAN 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:

2682 SANDY LAKE RD

Address

RAVENNA | Ohio | 44266

City | State | 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.

DOC ID ----> 202430905678

Complete the information in this section.

AFFIDAVIT

In lieu of releases from various governmental authorities.

JARLAN INC

Name of Corporation

The undersigned being duly sworn, declares that on the dates indicated below, each of the named state agencies was advised in writing of the scheduled effective date of the consolidation and was advised in writing of the acknowledgment by the corporation of the applicability of the provisions of Ohio Revised Code section 1701.95 or 1702.55, or if section 1703.17(D) applies, that the consolidation does not relieve the corporation of liability, if any, for payment of the taxes and contributions described in Ohio Revised Code sections 1703.17(C)(1), (2), and (3).

The corporation acknowledges that the dissolution of the corporation does not in and of itself automatically relieve the corporation from payment of tax liabilities.

Agency	Date Notified (MM/DD/YYYY)	Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	10/28/2024	Ohio Job & Family Services P.O. Box 182404 Columbus, OH 43218-2404	10/28/2024
Agency	**Date Notified (MM/DD/YYYY)**	☒ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 * The corporation has submitted the prescribed form to the Ohio Department of Taxation.	10/28/2024		

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

Signature _____ Title Vice President

DOUGLAS A DIX
Name

2682 SANDY LAKE RD
Mailing Address

RAVENNA (City) | Ohio (State) | 44266 (ZIP Code)

State of Ohio

County of Portage

Sworn to or affirmed and subscribed before me by Douglas A. Dix
Name of person making oath or affirmation

on this date 10/28/2024
Today's Date (MM/DD/YYYY)

MELISSA K ANDREWS - NOTARY PUBLIC - STATE OF OHIO - COMM EXP. APR 9, 28

Melissa Andrews
Notary Public's Signature

4/9/28
Expiration Date of Notary's Commission (MM/DD/YYYY)

DOC ID ----> 202430905678

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Portage

DOUGLAS A DIX
Name of Officer

VICE PRESIDENT
Title of Officer

of

JARLAN INC
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 Douglas A. Dix
Name of person making oath or affirmation

on this date 10/28/2024
Today's Date (MM/DD/YYYY)

NOTARY SEAL
MELISSA K ANDREWS - NOTARY PUBLIC
COMM EXP. APR 9, 2028
STATE OF OHIO

Melissa Andrews
Notary Public's Signature

04/09/2028
Expiration Date of Notary's Commission (MM/DD/YYYY)