ARTICLES OF DISSOLUTION OF A WV CORPORATION NEVER COMMENCING BUSINESS

Form CD-7 Rev. 01/2023



West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: www.wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed stamped copy returned to you.)

FILING FEE: \$25 - Expedite service not available for this type of filing.

**** The incorporators or initial board of directors adopt and file the following Articles of Dissolution for the ****

purposes of dissolving a West Virginia corporation, which has never commenced business,

according to the provisions of the West Virginia Code.

1.	The name of the corporation is:					
2.	The date the certificate of incorporation was issued:					
3.	Current name and address of agent (person or entity) to which any service of process against the corporation may be mailed. Include entity/corporation name on address line, if necessary.	Name:				
		Address 1:				
		Address 2:				
		City:	State: Zip Code:			
4.	The officers and/or initial board of directors attest to the following statements on behalf of the corporation:					
	• The corporation has not commenced business and/or none of the shares of the corporation have ever been issued.					
	• The amount actually paid in on subscription for share of the corporation, less any part disbursed for necessary expenses, has been returned to those entitled, hereto.					
	• All debts of the corporation have been paid.					
	• A majority of the incorporators elect that the corporation be dissolved.					
5.	Name and phone number of contact person (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.):					
	Contact Name:		Phone Number:			
6.	Signature information (See below *Important Legal Notice Regarding Signature):					
	Print Name of Signer:		Title/Capacity:			
	Signature:		Date:			

*Important Legal Notice Regarding Signature: Per West Virginia Code §31D-1-129. Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

<u>Important Note</u>: This form is a public document. Please <u>DO NOT</u> provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

INSTRUCTIONS FOR FILING ARTICLES OF DISSOLUTION OF A WV CORPORATION NEVER COMMENCING BUSINESS

Due to the nature of the dissolution process, expedited service is not available for this filing.

If a for profit corporation did not commence business and/or the corporation did not issue any shares, its incorporators or initial board of directors may dissolve the corporation at any time.

In order for the Office of the Secretary of State to issue a Certificate of Dissolution for a profit corporation that never commenced business, the corporation must submit an original application for "Dissolution of a WV Corporation Never Commencing Business".

The Secretary of State will request, in writing, clearances from the West Virginia State Tax Department, Employer Coverage Unit (Workers Compensation) and Department of Employment Security. After those clearances are received in writing by the Office of Secretary of State, which may take as long as two years, a Certificate of Dissolution will be prepared and mailed to the address given on the Articles of Dissolution.

You will be held liable for all taxes, fees, penalties, interest, etc. until clearances are obtained from all the applicable departments and divisions listed above.

The filing fee is \$25 and the check should be made payable to the WV Secretary of State. If you are requesting a Certified Copy of the filing returned to you, include the additional payment of \$15 per Certified Copy requested.

Registration fee:	\$25		
\$15 per Certified Copy:	+		
Total Fee:	=		

Make your checks payable to West Virginia Secretary of State.

IF YOU NEED ADDITIONAL INFORMATION CONCERNING DISSOLVING YOUR CORPORATION, PLEASE CONTACT OUR OFFICE AT 304-558-8000.

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Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE CUSTOMER ORDER REQUEST FORM TO ONE OF THE OFFICES BELOW. CHOOSE STANDARD PROCESSING SERVICE.

THE FOLLOWING PROCESSING SERVICE IS AVAILABLE FOR THIS TYPE OF FILING:

(1)

1 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.gov
- Fax
- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS Standard and Expedited Filings							
Charleston Office	Clarksburg Office	Martinsburg Office					
One-Stop Business Center	North Central WV Business Center	Eastern Panhandle Business Center					
13 Kanawha Blvd. West	153 West Main Street	229 E. Martin Street					
Suite 201	Suite G- Third Floor	Martinsburg, WV 25401					
Charleston, WV 25302	Clarksburg, WV 26301	Phone: (304) 356-2654					
Phone: (304) 558-8000	Phone: (304) 367-2775	Fax: (304) 260-4360					
Fax: (304) 558-8381	Fax: (304) 627-2243	Hours: Mon Fri. 9:00a - 5:00p EST					
Hours: Mon Fri. 8:30a - 5:00p EST	Hours: MonFri. 9:00a - 5:00p EST						

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Website: www.wvsos.gov
E-mail: CorpFilings@wvsos.gov

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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

Order Processing Reques Standard Processing* (Avg. processing turnaround 5-10 business days)	*"Processing" indicates the fi be completed and registered i Secretary of State registration	n the			
Name of Entity:					
Return filing to: (Return Address)					
Contact Name:		Phone:			
Return Delivery Options: E	mail or Fax options <u>do n</u>	ot receive a copy via mail; must be ordered separately.			
Email to:		Fax to:			
Hold for Pick Up	Mail to Return Address abo				
Other (explain below):		UPS: Acct#			
* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. Certified copy requests are an additional \$15 per certified copy being requested. Payment Method:					
Check/Money Order	Credit Card (Must	attach e-Payment Authorization request form including payment information.)			
Cash (<u>Do Not</u> mail cash)	Pre-paid Acct #:	Attach signed pre-paid slip.			

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USE BLACK INK ONLY - DO NOT HIGHLIGHT e-Payment Authorization This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party. Fax E-mail **Service Type:** Mail Payment by Card (card holder name and billing address required below) Card Type: Visa Mastercard Discover American Express Credit Card Number: V Code* * 3-digit number on back of VISA, MasterCard and Discover cards. 4-digit number on front right side of American Express card. **NOTICE:** For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month: Year: **Amount to Charge Card: USD \$ Order Information** (required) **Entity Name: Card Holder Information:** Name as it appears on the account Billing Address Zip Code City State Telephone Ext. **Payment Information Storage Authorization** (optional) I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State: Date **Authorized Signature Payment Authorization** (required) I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s): Date Authorized Signature

Not to Exceed Amount: USD \$