



# State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

## Articles of Dissolution by Voluntary Action for a Nonprofit Corporation

(Submit with filing fee of \$10.00)

The undersigned corporation, for the purpose of dissolving, and pursuant to the provisions of the "Nonprofit Corporation Act" of the State of Missouri relating to the dissolution of said corporation, hereby executes the following articles of dissolution:

1. The name of corporation is \_\_\_\_\_ Charter #: \_\_\_\_\_

2. Dissolution was authorized on \_\_\_\_\_ and was approved by a sufficient vote of the board.  
*Month/Day/Year*

3. If approval of members was not required, and dissolution was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5):

4. If approval by members was required, check here and provide the following information:

A. Number of memberships outstanding \_\_\_\_\_

B. Complete either i or ii:

i. Number of votes for and against dissolution by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:
_____	_____	_____	_____

ii. Number of undisputed votes cast for dissolution was sufficient for approval, and was:

Class:	Number Voting undisputed:
_____	_____

5. If the corporation is a public benefit corporation, notice has been given to the attorney general as required by subsection 1 of section 355.676. Check here:

6. If approval for dissolution by some person or persons other than the members, the board or the incorporators is required pursuant to Section 355.671, state that such approval was obtained by checking here:

7. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

\_\_\_\_\_  
*(Date may not be more than 90 days after the filing date in this Office)*

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

\_\_\_\_\_  
*Authorized signature of officer or chairman of the board*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_