

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Articles of Dissolution
Before Commencement of Business**

(15 Pa.C.S.)

___ By Shareholders-Domestic Business Corporation (§ 1971)
___ By Members- Domestic Nonprofit Corporation (§ 5971)

Name		

Address		

City	State	Zip Code
_____	_____	_____

Document will be returned to the name and address you enter to the left.
←

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to voluntary dissolution by members or shareholders or incorporators), the undersigned, desiring that it should be dissolved, hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider				County
c/o				_____

3. The statute by or under which it was incorporated:

4. The date of its incorporation:

5. Check one of the following:

___ *Business Corporation Only:* The corporation has not commenced business.

___ *Nonprofit Corporation Only:* The corporation has not received any property in trust or otherwise commenced business.

6. The amount, if any, actually paid in on subscriptions for its shares or memberships, less any part thereof disbursed for necessary expenses, has been returned to those entitled thereto.

7. Check one of the following:

All liabilities of the corporation have been discharged.

Adequate provision has been made for the payment of the liabilities of the corporation.

8. *Nonprofit Corporation Only:*

A majority of the members (or shareholders) or incorporators elect that the corporation be dissolved.

9. *Business Corporation Only: Check one of the following:*

A majority of the incorporators elect that the corporation be dissolved.

A majority of the shareholders (or members) elect that the corporation be dissolved.

IN TESTIMONY WHEREOF, at least a majority of the members (or shareholders) or incorporators (nonprofit) or at least a majority of the incorporators or a majority in interest of the shareholders (or members) (business) of the above-named corporation has hereunto set their hands this

_____ day of _____, _____.

Signature

Signature

Signature



**Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
web site: www.dos.state.pa.us/corps**

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$70 made payable to the Commonwealth of Pennsylvania. Checks must contain a commercially pre-printed name and address.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes).
- D. When the corporation has more than three executing incorporators or shareholders, (business) or three executing incorporators or members (nonprofit), additional signature lines should be added as appropriate.
- E. This form and all accompanying documents shall be mailed to the address stated above.