

**ARTICLES OF DISSOLUTION
OF A VOLUNTARY DISSOLUTION
OF A WEST VIRGINIA CORPORATION**
Form CD-6
Rev. 11/2017



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 - Expedited service not available for this type of filing.

*** The officers or board of directors adopts and file the following Articles of Dissolution for the purpose ***
of dissolving the West Virginia Corporation, according to the provisions of the West Virginia Code
[§31D-14-1403](#) (for profit corporation), [§31E-13-1303](#) (for non-profit corporation).

1. The name of the corporation is: _____

2. The date the dissolution was authorized: _____

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. **Profit Corporations (only)** If the dissolution was approved by the shareholders, check the following statement.
 The proposal to dissolve was duly approved by the shareholders in the manner required by the West Virginia Code [§31D-14](#).

5. **Non-Profit Corporations (only)** If the dissolution was approved by the members, check the following statement.
 The proposal to dissolve was duly approved by the members in the manner required by the West Virginia Code [§31E-13](#).

6. **Name and phone number of contact person.** (This information is optional, however, if there is a problem with the filing, listing a contact person may avoid having to return or reject the document.)

_____ Contact Name Phone Number

7. **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.

Important Note: This form is a public document. Please **DO NOT** 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 WEST VIRGINIA CORPORATION**

(according to the provisions of West Virginia Code [§31D-14-1403](#) (for profit corporation),
[§31E-13-1303](#) (for non-profit corporation)).

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

Dissolution of a domestic corporation in West Virginia requires several steps and may take some time. The process will go more quickly if the company officers and/or board of directors take care of all liabilities first, including filing any tax or employment reports and paying any outstanding taxes, assessments or penalties to the State of West Virginia.

Winding Up Business (Effect of Dissolution)

A dissolved corporation continues its corporate existence but may not carry on any activities except those appropriate to wind up and liquidate its activities and affairs (see West Virginia Codes below).

- **Profit corporation:** [§31D-14-1405](#)
- **Non-profit corporation:** [§31E-13-1305](#)

Filing Articles of Dissolution

File with the Secretary of State one original signed application, two if you want a filed date stamped copy returned to you.

The application needs to be signed by an officer of the corporation or by the chairman of the board of directors of the corporation.

Filing fee is \$25. Please make checks payable to the *West Virginia Secretary of State*:

The Secretary of State will request, in writing, clearances from the following state agencies:

- **West Virginia State Tax Department,**
- **Employer Coverage Unit (Workers Compensation) and**
- **Department of Employment Security (WorkForce WV)**

After the clearances are received in writing by our office, which may take as long as two (2) years, a **Certificate of Dissolution** will be prepared and mailed to the address indicated in the Articles of Dissolution.

IF YOU NEED ADDITIONAL INFORMATION CONCERNING FILING FOR A VOLUNTARY DISSOLUTION FOR YOUR COMPANY, PLEASE CONTACT OUR OFFICE AT 304-558-8000.



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 EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

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 [e-Payment Authorization](#) 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

One-Stop Business Center

1615 Washington Street East

Charleston, WV 25311

Phone: (304) 558-8000

Fax: (304) 558-8381

Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office

North Central WV Business Center

200 West Main Street

Clarksburg, WV 26301

Phone: (304) 367-2775

Fax: (304) 627-2243

Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office

Eastern Panhandle Business Center

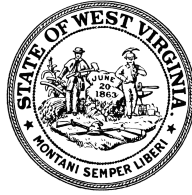
229 E. Martin Street

Martinsburg, WV 25401

Phone: TBA

Fax: TBA

Hours: Mon. - Fri. 9:00a - 5:00p EST



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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

Order Processing Requested*:

Standard Processing*
 (Avg. processing turnaround
5-10 business days)

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.

Name of Entity: _____

Return filing to:
 (Return Address)

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: _____ Fax to: _____

Hold for Pick Up Mail to Return Address above FedEx: Acct # _____

Other (explain below): _____ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* **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.**

Total Amount:

Payment Method:

Check/Money Order Credit Card (Must attach [e-Payment Authorization](#) request form including payment information.)

Cash (*Do Not mail cash*) Pre-paid Acct #: _____ Attach signed pre-paid slip.



e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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.

Service Type: Fax E-mail 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
 City State Zip Code
 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 \$