

DATE: 02/01/2013 DOCUMENT ID 201303200529

DESCRIPTION DISSOLUTION (DIS) FILING

EXPED

PENALTY

CERT .00 COPY

Receipt

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

JULIE MUKUDA 750 S TROY AVE CINCINNATI, OH 45246

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

932462

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

MUKUDA CORPORATION

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

Document(s):

DISSOLUTION

Document No(s):

201303200529



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 31st day of January, A.D. 2013.

Ohio Secretary of State

lon Hustel



Form 561 Prescribed by: Jon Husted **Ohio Secretary of State**

Central Ohio: (614) 466-3910 Toll Free: (877) SOS-FILE (767-3453) www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following: Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

3

Certificate of Dissolution (For-Profit, Domestic Corporation) Filing Fee: \$50

omplete the following in	nformation.		<u></u>
ne corporation named	below has adopted	a resolution of dissolution.	13 J. 16 0 1
Name of Corporation	Mukuda Corporation	1	FITT: 56
Charter Number	932462		56
ocation of Principal Off	ice in Ohio		
Glendale		Hamilton	Ohio
City		County	State
ne internet address of	each domain name	held or maintained by or on behalf of the co	orporation:

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Julie Mukuda					
Name					
750 S. Tro	y Ave.				
Address					
Glendale			Ohio	45246	
City			State	Zip Code	
ase complete this	section if the co	rporation is appoin	ting a new ager	nt	
add domplete and		PTANCE OF APP	-	11.	
Undersigned,					,named herein as the
	Statutory Agent	Name			J
tutory agent for,	Corporation Na	me			
eby acknowledges	•	appointment of sta	atutory agent for	r said corpora	ation.
utory Agent Signa	iture				
	Individual A	gent's Signature/Sig	nature on behalf	of Corporate A	Agent
] If the agent is a	an individual us	ing a P.O. Box, cl	heck this box t	o confirm th	ne agent is an Ohio resident.
adate of dissolution	on if other than th		DD/YYYY		
		e on the date of filin ode section 1701.80		e that is not	more than 90 days after the date
					ed by Ohio Revised Code complete page 5 of this form.)

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Check only one box below and provide in	nformation as required:	
1701.86(C), if an initial stated capital business, or if an initial stated capital	,	
Name	Address	
proper statement of the basis for the (2.) The resolution of dissolution was a	,	
• •	djudged bankrupt or has made a general assignment for the benefit of	
By leave of the court, when a rece which the affairs of the corporation	eiver has been appointed in a general creditor's suit or in any suit in n are to be wound up;	
○ When substantially all of the assets have been sold at judicial sale or otherwise;		
	celed for failure to file annual franchise or excise tax returns or for failure and the corporation has not been reinstated or does not desire to be	
○ When the period of existence of the control o	he 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)		

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By signing and submitting this form to the O	hio 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	The state of
by the incorporators, the	ffle Miklella
certificate shall be signed by	Signature
not less than a majority of	
the incorporators.	
In all other cases, the certificate	By (if applicable)
shall be signed by any authorized officer,	
unless the officer fails to execute	Julie Mukuda
and file such a certificate within 30 days	
after the date upon which such	Print Name
certificate is to be filed. In the latter	
event, the certificate may be signed	
by any three (3) shareholders or,	$\mathcal{O}_{\mathcal{O}}$ and $\mathcal{O}_{\mathcal{O}}$
if there are less than three (3)	1 122 - alllada la
shareholders, all of the shareholders,	Com growa
form a statement that the persons	Signature
signing the certificate are	
shareholders and are filing the	
certificate because of the failure	D. (% KK
of the officers to do so.	By (if applicable)
If authorized representative	Osamu Mukuda
is an individual, then they	Print Name
must sign in the "signature"	r iiii idailie
box and print their name	
in the "Print Name" box.	
in the Francisco Box.	
If authorized representative	
is a business entity, not an	
individual, then please print	Signature
the business name in the	
"signature" box, an	
authorized representative	
of the business entity	By (if applicable)
must sign in the "By" box	,, ,,
and print their name in the	
"Print Name" box.	
Fint Name Dox.	Print Name
•	

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

Notice of Dissolution of	Mukuda Corporation	
	Name of C	Corporation
All claims shall be prese the corporation of the su	9	ontain sufficient information to reasonably inform
The mailing address to v	which the person must send the claims is:	
750 S. Troy Ave. Glendal	e OH 45246	
Address		
The deadline by which	the corporation must receive the claim	03/31/2013
The deadline by which	r the corporation must receive the daim	(May not be less than 60 days after the date the notice is given.)

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.

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Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (ORC section 1701.86(I)).

Mukuda Corporation

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	01/15/2013	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	01/15/2013
		Overnight:	Regular:
		P.O. Box 182413 Columbus, OH 43218-2413	P.O. Box 182413 Columbus, OH 43218-2413
	Agency	Date Notified	Columbus, 01140210-2410
	Ohio Department of Ta. Dissolution Section 4485 Northland Ridge I Columbus, Ohio 43229	01/15/2013 Blvd.	

Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation. Signature Julie Mukuda Name 750 Troy Avenue Mailing Address 45246 Glendale ОН Zip Code City State Acknowledged before me and subscribed in my presence on Seal Commission **Expires**

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Complete the information in this section.

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AFFIDAVIT OF PERSONAL PROPERTY (ORC Section 1701.86(H)(1))

(0110)	0 0000011 1701.00(1)(1))
State of Ohio	
County of Hamilton	
SS:	
Julie Mukuda	
Name of Officer	, being first duly sworn, deposes and says that she/he is
Vice ousident	Mukuda Corporation
Title of Officer	of Name of Corporation
and this affidavit is made in compliance with section	1701.86 of the Ohio Revised Code.
That said corporation has: (Check one (1) of the folio	
☐B. Has personal property in the follow	wing county(ies)
and that the net assets of said comporation are suffici	ient to pay all personal property taxes accrued to date. Title: VICE PUSIDENT
Acknowledged before me and subscribed in my pres	sence on Date 0129 2013
Seal REE, NO THE PUBLIC OF THE	Motalry Public
Expiration date of Notary Public's Commission Da	ite 05/20/2017

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