

DATE: 02/07/2013 DOCUMENT ID 201303800363

DESCRIPTION DISSOLUTION (DIS) FILING

EXPED

PENALTY

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Receipt

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

SALEM CHRYSLER-JEEP, INC MARY KAY ZAPPIA 592 W. SIEBENTHALER AVE. DAYTON, OH 45405

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

491892

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

SALEM CHRYSLER-JEEP, INC

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

Document(s):

DISSOLUTION

Document No(s):

201303800363



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 6th day of February, A.D. 2013.

Ohio Secretary of State



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

Certificate of Dissolution

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

| omplete the following in | formation. | | δ *** |
|---------------------------|------------------------|---|--|
| | | a resolution of dissolution. | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Name of Corporation | SALEM CHRYSLEF | R-JEEP, INC | |
| - Charter Number | 491892 | | |
| ocation of Principal Offi | ce in Ohio | | |
| DAYTON | | MONTGOMERY | Ohio |
| City | | County | State |
| The internet address of e | saun uomam name | held or maintained by or on behalf of the | Corporation. |
| | | | |
| | d not hold or maintain | any domain names. | |
| | | | |

Form 561

Page 1 of 7

| MADYKAYZ | DDIA | |
|---|---|---|
| MARY KAY ZA Name | 1PIA | |
| | | · . |
| 592 WEST SIE | BENTHALER AVE | |
| Address | | |
| DAYTON | Ohio | 45405 |
| City | State | Zip Code |
| | | |
| loggo complete thi | section if the corporation is appointing a new age | nt |
| lease complete till | | и. |
| | ACCEPTANCE OF APPOINTMENT | |
| he Undersigned, | | ,named herein as the |
| | Statutory Agent Name | |
| | | |
| tatutory agent for, | Corporation Name | |
| ereby acknowledge | | |
| | and accepts the appointment of statutory agent to | or said corporation. |
| | and accepts the appointment of statutory agent for | or said corporation. |
| atutory Agent Sign | nture | |
| atutory Agent Sign | Individual Agent's Signature/Signature on behal | f of Corporate Agent |
| atutory Agent Sign | nture | f of Corporate Agent |
| atutory Agent Sign | Individual Agent's Signature/Signature on behalan individual using a P.O. Box, check this box | f of Corporate Agent |
| If the agent is the date of dissolutote: The date of dissolutote: | Individual Agent's Signature/Signature on behaling an individual using a P.O. Box, check this box on if other than the filing date MM/DD/YYYY asolution must be on the date of filing, or a later date | f of Corporate Agent to confirm the agent is an Ohio resident. |
| If the agent is the date of dissolutote: The date of dissolutote: | Individual Agent's Signature/Signature on behaling an individual using a P.O. Box, check this box on if other than the filing date | f of Corporate Agent to confirm the agent is an Ohio resident. |
| If the agent is the date of dissolutote: The date of dissolutote: | Individual Agent's Signature/Signature on behaling an individual using a P.O. Box, check this box on if other than the filing date MM/DD/YYYY asolution must be on the date of filing, or a later date | f of Corporate Agent to confirm the agent is an Ohio resident. |
| If the agent is the date of dissolute of the date of dissolute of filling, pursuant to | Individual Agent's Signature/Signature on behaling an individual using a P.O. Box, check this box on if other than the filing date MM/DD/YYYY asolution must be on the date of filing, or a later date | f of Corporate Agent to confirm the agent is an Ohio resident. ate that is not more than 90 days after the date |
| If the agent is the date of dissolute ote: The date of dissolute otes are to ote the date of distribution of date of distribution of date of distribution of date | Individual Agent's Signature/Signature on behaling an individual using a P.O. Box, check this box on if other than the filing date MM/DD/YYYY Isolution must be on the date of filing, or a later date of the Revised Code section 1701.86(F)(7). | to confirm the agent is an Ohio resident. ate that is not more than 90 days after the date |
| If the agent is the date of dissolute ote: The date of dissolute otes are to ote the date of distribution of date of distribution of date of distribution of date | Individual Agent's Signature/Signature on behaling an individual using a P.O. Box, check this box on if other than the filing date MM/DD/YYYY Isolution must be on the date of filing, or a later date of the Revised Code section 1701.86(F)(7). Mevised Code section 1701.87(E), a copy of the | to confirm the agent is an Ohio resident. ate that is not more than 90 days after the date |
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| Check only one box below and provide inform | nation as required: |
|---|---|
| 1701.86(C), if an initial stated capital was business, or if an initial stated capital is s | d by the Incorporators . Pursuant to Ohio Revised Code section is not set forth in the articles then before the corporation begins et forth in the articles then before subscriptions to shares shall have I stated capital, the incorporators or a majority of them may adopt, by dissolution. (138-DISI) |
| The names and addresses of all the incorporator | rs must be set forth below: |
| MARY KAY ZAPPIA | 592 WEST SIEBENTHALER AVE, DAYTON OH 45405 |
| Name | Address |
| - | |
| Name | Address |
| | |
| Name | Address |
| proper statement of the basis for the ado | |
| (2.) The resolution of dissolution was adopt | · |
| the creditors; | ged bankrupt or has made a general assignment for the benefit of |
| By leave of the court, when a receiver which the affairs of the corporation are | has been appointed in a general creditor's suit or in any suit in e to be wound up; |
| When substantially all of the assets had | ave been sold at judicial sale or otherwise; |
| When the articles have been canceled to pay franchise or excise taxes and the reinstated; or | d for failure to file annual franchise or excise tax returns or for failure ne corporation has not been reinstated or does not desire to be |
| ○When the period of existence of the co | orporation 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) | |

Form 561

Page 3 of 7

| By signing and submitting this form to the C requisite authority to execute this documen | Ohio Secretary of State, the undersigned hereby certifies that he or she has the it. |
|---|---|
| Required When the resolution is adopted by the incorporators, the certificate shall be signed by not less than a majority of the incorporators. In all other cases, the certificate shall be signed by any authorized officer, unless the officer fails to execute and file such a certificate within 30 days after the date upon which such certificate is to be filed. In the latter event, the certificate may be signed by any three (3) shareholders or, if there are less than three (3) shareholders, all of the shareholders, form a statement that the persons signing the certificate are shareholders and are filing the certificate because of the failure of the officers to do so. | Signature By (if applicable) MARY KAY ZAPPIA Print Name Signature By (if applicable) |
| If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box. | Print Name |
| If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity | Signature By (if applicable) |
| must sign in the "By" box and print their name in the "Print Name" box. | Print Name |
| | |

Form 561

Page 4 of 7

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

| | (pursuant to ONC 170 | , | |
|--|------------------------------|--|-------------|
| Notice of Dissolution of SALEM CHRYS | LER-JEEP, INC | | |
| · · · · · · · · · · · · · · · · · · · | Name of | Corporation | |
| II claims shall be presented in writing easonably inform the corporation of t | | nt and contain sufficient information to | |
| he mailing address to which the per- | son must send the claims is: | | |
| 592 WEST SIEBENTHALER AVE, DAYTON (| OH 45405 | | |
| Address | | | |
| | | | |
| he deadline by which the corpora | ation must receive the claim | 4/30/2013 | |
| | | (May not be less than 60 days after the date the notice is given.) | |
| he claim will be barred if the corpora | | | |
| he corporation may make distributio orporation, without further notice to t | | nts, including distributions to sharehol | ders of the |
| | | | |
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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)).

SALEM CHRYSLER-JEEP, INC

Name of Corporation

| gency | Date Notified | Agency | Date Notified |
|--|---|---|---|
| hio Bureau of Workers' ompensation) W. Spring Street | 1/4/2013 | Ohio Job & Family Services Status and Liability Section Data Correspondence Control | 1/4/2013 |
| olumbus, Ohio 43215 | | Fax: 614-752-4811 Phone: 614-466-2319 | |
| | | Overnight: P.O. Box 182413 Columbus, OH 43218-2413 | Regular: P.O. Box 182413 Columbus, OH 43218-2413 |
| | Agency | Date Notified | |
| | Ohio Department of Tax Dissolution Section 4485 Northland Ridge E Columbus, Ohio 43229 | 1/4/2013 Blvd. |] |
| | | | 1 |
| • | | | |
| officer of the corporation. | signed by one or more person | ns executing the certificate of diss | • |
| ote: This affidavit must be so officer of the corporation. Signature MARY KAY ZAPPIA Name | | | • |
| officer of the corporation Signature MARY KAY ZAPPIA | an Chy | | • |
| Signature MARY KAY ZAPPIA Name | an Chy | | • |
| MARY KAY ZAPPIA Name 592 WEST SIEBENTHALE Mailing Address DAYTON | an Chy | Title PRES | 45405 |
| MARY KAY ZAPPIA Name 592 WEST SIEBENTHALE Mailing Address DAYTON City | ER AVE | OHIO State | IDENT |
| MARY KAY ZAPPIA Name 592 WEST SIEBENTHALE Mailing Address DAYTON City | an Chy | OHIO State | 45405 |

Form 561

Page 6 of 7

Form 561

| | T OF PERSONAL PROPERTY C Section 1701.86(H)(1)) |
|--|---|
| State of OHIO | • • • • |
| State of Corno | |
| County of MONTGOMERY | • |
| SS: MARY KAY ZAPPIA | |
| Name of Officer | J being first duly sworn, deposes and says that she/he is |
| | |
| PRESIDENT | SALEM CHRYSLER-JEEP, INC |
| Title of Officer | of Name of Corporation |
| | |
| | 1701.86(H)(1) of the Ohio Revised Code. |
| d this affidavit is made in compliance with section | of the Only Novised Code. |
| d that the net assets of paid-corporation are suffice. | cient to pay all personal property taxes accrued to date. Title: PRESIDENT |
| signature stay | |
| | |
| | |
| knowledged before me and subscribed in my pres | sence on Date 7.W.5,2013 |
| Seal | Sufure J. Poare Notary Public J. |
| | Suzanne J. Ros In and for the |

Page 7 of 7