

DATE: 03/13/2013 DOCUMENT ID 201307101046 DESCRIPTION DOMESTIC/DISSOLUTION (DIS)

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

JAMES SLATER SLATER & ZURZ, LLP ONE CASCADE PLAZA AKRON, OH 44308

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

747133

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

ZSF, INC.

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

Document(s)

Document No(s):

DOMESTIC/DISSOLUTION

201307101046

Effective Date: 03/29/2013

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 13th day of March, A.D. 2013.

Ohio Secretary of State

for Hastel



# 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

Part Control

	nformation.		1/2	
e corporation named	below has adopte	d a resolution of dissolution.	1.0	
Name of Corporation	ZSF, Inc.			
Charter Number	747133			
cation of Principal Off	ice in Ohio			
Akron		Summit	Ohio	
City		County	State	
e internet address of	each domain nam	e held or maintained by or on behalf of th	ne corporation:	

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Name and address of	f the Statutory Agent.			
James Slater				
Name	MI 10 10 10 10 10 10 10 10 10 10 10 10 10		-	
One Cascade Pla	aza, Suite 2210			
Address				
Akron		Ohio	44308	
City		State	Zip Code	
Please complete this	section if the corporation is ap	ppointing a new ager	nt.	
	ACCEPTANCE OF	APPOINTMENT		
The Undersigned,			,na	med herein as the
	Statutory Agent Name			
Statutory agent for,	Corporation Name			
hereby acknowledges	and accepts the appointment	of statutory agent for	said corporation.	
Statutory Agent Signa	ture			
	Individual Agent's Signature	e/Signature on behalf	of Corporate Agent	
☐ If the agent is a	n individual using a P.O. Bo	ox, check this box t	o confirm the ag	ent is an Ohio resident.
The date of dissolution	n if other than the filing date	03/29/2013 MM/DD/YYYY		
	solution must be on the date on the date on the Code section 179		e that is not more	than 90 days after the date
Pursuant to Ohio Re section 1701.87(B) r	evised Code section 1701.87 nust be attached to this filin	(E), a copy of the ng. (Please attach th	otice required by ne notice <u>or</u> com	y Ohio Revised Code plete page 5 of this form.)
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Check only one box below and provide information	as required:
1701.86(C), if an initial stated capital was not set business, or if an initial stated capital is set forth been received in the amount of that initial stated a writing signed by them, a resolution of dissolution	,
The names and addresses of all the incorporators must	be set forth below:
James Slater	One Cascade Plaza Suite 2210, Akron, OH 44308
Name	Address
Name	Address
Name	Address
(D), directors may adopt a resolution of dissoluti proper statement of the basis for the adoption. (1	e <b>Directors</b> . Pursuant to Ohio Revised Code section 1701.86 ion in the following cases, please check the box to state the 137-DISD)
(2.) The resolution of dissolution was adopted:	hand the second second second second
the creditors;	nkrupt or has made a general assignment for the benefit of
OBy leave of the court, when a receiver has been which the affairs of the corporation are to be v	en appointed in a general creditor's suit or in any suit in wound up;
○When substantially all of the assets have been	n sold at judicial sale or otherwise;
	ure to file annual franchise or excise tax returns or for failure oration has not been reinstated or does not desire to be
○ When the period of existence of the corporation	on specified in its articles has expired.
○(3.) The articles are hereby dissolved by the <b>Shareho</b>	olders pursuant to Ohio Revised Code section 1701.86(E).
(450 DISS)	

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E	
	Phio Secretary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute this document	··
Doguired	
Required When the resolution is adopted	2
1	Ma
by the incorporators, the	
certificate shall be signed by not less than a majority of	Signature
the incorporators.	
the incorporators.	
In all other cases, the certificate	By (if applicable)
shall be signed by any authorized officer,	-
unless the officer fails to execute	1 24 0
and file such a certificate within 30 days	James W. Slater
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,	
if there are less than three (3)	
shareholders, all of the shareholders,	
form a statement that the persons	Signature
signing the certificate are	
shareholders and are filing the	
certificate because of the failure	By (if applicable)
of the officers to do so.	-) (" app,
If authorized representative	
is an individual, then they	Print Name
must sign in the "signature"	
box and print their name in the "Print Name" box.	
in the Film Name 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.	Print Name

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

Notice of Dissolution of	ZSF, Inc.			
	Name of Corporation			
ZSF, Inc.  Name of Corporation  creditor or any claim that events, pursuant to the fo	an Ohio corporation (the "corporation") has dissolved. You must present to the corporation any claim against the corporation, including any claim by a is conditional, unmatured, or contingent upon the occurrence or nonoccurrence of future ollowing:			
reasonably inform the co	sented in writing and shall identify the claimant and contain sufficient information to rporation of the substance of the claim.  which the person must send the claims is:			
One Cascade Plaza, S	uite 2210			
Address				
Akron	OH 44308			
City	State Zip Code			

- 3. The deadline by which the corporation must receive the claim is sixty (60) days after the date this notice is given (the "Deadline").
- 4. 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 th	his	section
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#### **AFFIDAVIT**

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

ZSF, Inc.

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	03/06/2013	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	03/06/2013	
		Overnight:	Regular:	
		P.O. Box 182413 Columbus, OH 43218-2413	P.O. Box 182413 Columbus, OH 43218-2413	
	Agency	Date Notified		
	Ohio Department of Tai Dissolution Section 4485 Northland Ridge I Columbus, Ohio 43229	03/06/2013 Blvd.		

Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation / Agent Signature James Slater Name One Cascade Plaza, Suite 2210 Mailing Address Akron OH City Zip Code State Acknowledged before me and subscribed in my presence on Seal Commission Expires

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LISETTE A. LAUER Notary Public, State of Ohio fy Commission Expires May 5, 2014

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### Complete the information in this section.

## AFFIDAVIT OF PERSONAL PROPERTY (ORC Section 1701.86(H)(1)) State of Ohio County of Summit SS: James Slater Name of Officer , being first duly sworn, deposes and says that she/he is Agent ZSF, Inc. Title of Officer of Name of Corporation 1701.86(H)(1) and this affidavit is made in compliance with section of the Ohio Revised Code. That said corporation has: (Check one (1) of the following) ⋈A. Has no personal property in any county in the State of Ohio ☐B. Has personal property in the following county(ies) and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date. Signature: Title: Agent Acknowledged before me and subscribed in my presence on Seal LISETTE A. LAUER Notary Public, State of Ohio

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My Commission Expires May 5, 2014

Expiration date of Notary Public's Commission

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