



FORM **10**

**Articles of Dissolution**  
**Business Corporation**  
Sec. 180.1401-1403 Wis. Stats.

1. Name of the corporation:

\_\_\_\_\_

2. Mark the appropriate statutory grounds for dissolution:

£ Dissolution before issuance of shares per sec. 180.1401, Wis. Stats.  
 Dissolution was authorized by £ Incorporators or £ Board of directors  
 Date of Incorporation: \_\_\_\_\_  
 No shares have been issued and no debt of the corporation remains unpaid  
**The name will have automatic 120 day name protection under this section**

£ Dissolution by board of directors and shareholders per sec. 180.1402, Wis. Stats.  
 Dissolution was authorized on: \_\_\_\_\_  
**The name will have automatic 120 day name protection unless you indicate:**

£ Corporation waives rights to name protection on effective date  
 or  
 £ Corporate name will maintain protection until: \_\_\_\_\_  
 (date within 120 days from receipt)

(Optional) This amendment has a **delayed** effective date: \_\_\_\_\_  
 (up to 90 days after received date)

3. This document is to be signed by an officer of the corporation, or an incorporator if dissolving before issuance of shares:

Execution date: \_\_\_\_\_

\_\_\_\_\_ (signature)

\_\_\_\_\_ (printed name)

\_\_\_\_\_ (title)

4. This document was drafted by \_\_\_\_\_  
(Name the individual who drafted the document)

Office Use Only

## ARTICLES OF DISSOLUTION – BUSINESS CORPORATION

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### ▲ Enter your return address above.

Your **phone number** during the day: \_\_\_\_\_

### INSTRUCTIONS (Ref. sec. 180.1401, 1402 and 1403 Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. If the entity is in a delinquent status, the filing fee will increase by \$25.00 for each year in delinquent status. Email [DFICorporations@wisconsin.gov](mailto:DFICorporations@wisconsin.gov) to verify filing fee. Please check box, and include additional \$25.00, if requesting optional expedited service. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit [www.wdfi.org/contact\\_us/](http://www.wdfi.org/contact_us/) for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. The name of the corporation. To verify the exact corporate name, please visit <https://www.wdfi.org/apps/CorpSearch>. This will help to ensure that the appropriate entity is dissolved.
2. Mark the appropriate box to state the grounds for dissolution. Please note: Business Corporations have an automatic 120 day name protection at the time of dissolution. **If you wish to use the name before the 120 days expire, please be certain to make the appropriate selection.**
3. The document is to be executed by an officer of the corporation, or an incorporator if dissolution is before issuance of shares. Include the signature, printed name and title of the person signing the document.
4. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the individual who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.