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(Requestor's Name) (Address) (Address)	000191300790
(City/State/Zip/Phone #)	01/18/1101031008
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	5.57
Special Instructions to Filing Officer:	
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**35.00

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of SipCo HealthTek Ir	nc
DOCUMENT NUMBER: PO1000054218	
The enclosed Articles of Dissolution and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	e following:
Robert Sipko	•
(Name of Contact Person)	
SipCo HealthTek Inc	
(Firm/Company)	
15880 Summerlin Rd Suite 300-401	
(Address)	
Fort Myers, FL. 33908	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert W. Sipko Jr at (412) 417-6695
(Name of Contact Person) (Area (Oode & Daytime Telephone Number)
Enclosed is a check for the following amount:	•
✓\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copenclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	SipCo HealthTek,Inc.∕	
SECOND:	The document number of the corporation (if known): PO1000054218	
THIRD:	The file date of the articles of incorporation: N/A	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	<u>}</u>
FIFTH: 1	No debt of the corporation remains unpaid.	2
SIXTH: T	the shareholders, if shares were issued.	- - - - -
SEVENTH:	Adoption of Dissolution (CHECK ONE)	5.5
	A majority of the incorporators authorized the dissolution.	ψ.
	A majority of the directors authorized the dissolution.	
Signat	ure: (By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	Robert Sipko	
	(Typed or printed name of person signing)	
	President/owner	
	(Title of Person Signing)	

Filing Fee: \$35