P04000110603

(Re	equestor's Name)	····
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:



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Dissolution

Office Use Only

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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT:
DOCUMENT NUMBER: PO4000110603
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person) SLIPSTREAM THERAPY INC (Name of Firm/Company)
(Name of Person)
SLIPSTREAM THERAPY INC (Name of Firm/Company)
(Name of Firm/Company)
1 1150 HILLSBORD MILE # 516 (Address)
(Address)
HILLSBURD BEACH FL 33062.
HILLSBURD BEACH, FL, 33062 (City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 9073597 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Status S
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

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:	
	Slipstream Therapy Inc.	
SECOND:	The document number of the corporation (if known): Po 4000 C603	
THIRD:	The file date of the articles of incorporation: $07/27/4$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	☐ A majority of the directors authorized the dissolution.	
J	Signed this 18 day of March , 2005	
√ si	gnature: Iva Vaula	
	(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.)	
	EEVA VAHLA	
	(Typed or printed name of person signing)	
	Manarger President (Title of person signing)	
	Filing Fee: \$35	