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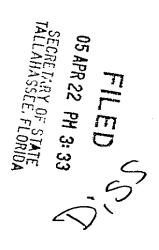
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 1) 550/ving of Tot	al Case Solutions Inc
DOCUMENT NUMBER: PODOOE	081935
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	natter to the following:
Stephen S. Soli Alum (Name of Pe	a ν
Total Case Solution (Name of Firm/C	ompany)
7416 Carrick Terrace (Address)	
Boca Ka Hon, F1. 33433 (City/State/and)	Zip Code)
For further information concerning this matter, ple	ase call:
Stephen B. Schiffman at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cert (Add	.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ified Copy Certificate of Status & litional copy is Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, 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:
	Total Case Solutions, Inc.
SECOND:	The document number of the corporation (if known): PODOOO919 35
THIRD:	The file date the articles of incorporation: July 29, 2000
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.
SIXTH:	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.
Si	gned this 19 day of April 2005. 5 3
Sign	ature: (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.)
	Grephen S. Schiffman (Typed or printed name of person signing)
	Oresident (Title of person signing)

Filing Fee: \$35