P03000043160

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



400057301694

EFFECTIVE DATE

07/22/05--01008--008 **52.50

DE JUL 22 PM 3: 55

Dissolution W/Notice

T BROWN JUL 2 2 2005

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Acticles of I	Pissolution
DOCUMENT NUMBER: PO3000	××43160
The enclosed Articles of Dissolution and fed	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Vincent Falcone (Name Orlando PC Solutro (Name of Fi	
(Name	of Person)
Orlando PC Solutro	ens
(Name of Fi	irm/Company)
1501 Wild Orange Fo	BM H
`	
Ouredo, FL 32765 (City/State	/and Zip Code)
For further information concerning this matter	er, please call:
Vincent Falcone (Proside (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	:
Certificate of Status	\$43.75 Filing Fee & \$\sum \$\\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	409 E. Gaines Street

Tallahassee, Florida 32399

Tallahassee, Florida 32314

EFFECTIVE DATE 8-1-05

ARTICLES OF DISSOLUTION

of dissoluti	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following article on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Orlando PC Solutions Corp
SECOND:	The document number of the corporation (if known): POSO0043/60
THIRD:	The date dissolution was authorized: $\frac{7/17/05}{}$
	Effective date of dissolution if applicable: 8/1/05 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by of the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Vincent Falcone (voting group)
	Signed this 17 day of $50/y$, 2005 .
	Signature: (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)
	(Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Orlando PC Solutions Corp
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Contract
Contract
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1501 Wild Orange RM+ Overedo, FL 32765

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Uncent M Falcone (Resident) (Signature of the Person Filing Signature of the Person Filing