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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	CAPRICORNIUS INV	ESTMENTS, INC.	
DOCUMENT N	UMBER: Po	5000143805	
The enclosed Arti	icles of Dissolution an	d fee are submitted	for filing.
Please return all c	orrespondence concerr	ning this matter to th	e following:
	MA	RIA P. VARGAS	
	(Name	of Contact Person)	
	· (F	irm/Company)	
	8760 SW 133	AVENUE RD., SUIT	TE 220
		(Address)	
•	MIAM	I, FL 33183-5372	,
4 - 2- 4 -		State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further inform	nation concerning this r	natter, please call:	
MAF	RIA P. VARGAS	at (305) 607-8751
(Name	of Contact Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a chec	k for the following am	ount:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy	Fee & \$\Bigsquare\$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amendmen Division o P.O. Box 6	ADDRESS: nt Section f Corporations 5327 e, FL 32314		STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
	CAPRICORNIUS INVESTMENTS, INC.
SECOND:	The document number of the corporation (if known): P05000143805
THIRD:	The date dissolution was authorized: DECEMBER 1, 2008
	Effective date of dissolution if applicable: DECEMBER 31, 2008 (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
	(voting group)
	Signature: Medicector, president or other officers if director or officers have not been selected from 2
	(By a director, president or other officer - if director 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)
	MARIA P. VARGAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35