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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Management Advisors, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicolina A Stewart
(Name of Person)
Capital Management Advisors, Inc.
(Firm/Company)
405 N Res St Ste 165
(Address)
Tampa FL 33609
(City/State and Zip code)

For further information concerning this matter, please call:

Nicolina A Stewart 813, 289-0841
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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Dec 05 05 12:57p DSR FINANCIAL SERVICES

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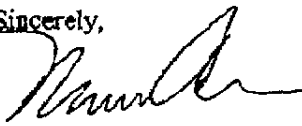
December 5, 2005

To Whom It May Concern:

As President of Capital Management Advisors, LLC, I authorize Delaware Intercorp to file the necessary paperwork forming the new corporation with the name of Capital Management Advisors, Inc. This company will also be owned by me, Nicolina A. Stewart.

You may contact me with any questions. Thank you.

Sincerely,



Nicolina A. Stewart, CPA, PFS, CLU, ChFC
President

12/05/05 12:57 PM

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Capital Management Advisors, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 20-3880936
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/5/05 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4/1/06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 405 N. Reo St Ste 165, Tampa FL 33609
(Principal office address)

same
(Current mailing address)

8. Financial Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)


9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicolina A Stewart

Office Address: 405 N Reo St Ste 165
Tampa FL, Florida 33609
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Nicolina A Stewart

Address: 405 N Res St Ste 165

Tampa FL 33609

Vice Chairman: _____

Address: _____

Director: Same

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nicolina A Stewart

Address: 405 N Res St Ste 165

Tampa FL 33609

Vice President: _____

Address: _____

Secretary: Same

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Nicolina A Stewart, President

(Typed or printed name and capacity of person signing application)

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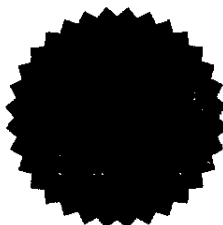
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPITAL MANAGEMENT ADVISORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2005.

12-05-05 P 3 19



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4341639

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DATE: 12-05-05