F12000002819

(Requestor's Name)			
(Address)			
(Address)			
(riu	uiessj		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Affidant (Amus)

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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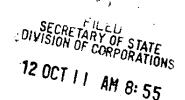
COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CFO Capital Partners Inc.		
•	Name of Corporation	
DOCUMENT NUMBER: F120000028	319	
The enclosed Affidavit by Foreign Corporate submitted for filing.	tion to Change/Add Officer(s) and/or Director(s) and fee ar	
Please return all correspondence concerning	this matter to the following:	
Linda Shea		
Name of Contact Person		
CFO Capital Partners, Inc		
Firm/Company		
437 Foxtract Rd		
Address	MANUEL	
Bridgeport, NY 13030 City/State and Zip Code	<u> </u>	
linda@cfocapitalpartners.com		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matt	er, please call:	
John Wilkerson	at (772) 261-1647	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Flor	rida Department of State for the following amount:	
\$35.00 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E127 (10/11)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1.	The name of the foreign corporation as it appears on the records of the Florida Department of State is: CFO Capital Partners Inc.		
2.	This entity was authorized to transact business in Flor number is F12000002819		
3.	. This corporation was formed under the laws of Texas		
4.	The name and address of each officer and/or director	is as follows:	
	<u>itle:</u>	Name and Address	
<u> </u>		Linda Shea	
		437 Foxtract Rd	
		Bridgeport, NY 13030	
S	Τ	Carl Moore	
		437 Foxtract Rd	
		Bridgeport, NY 13030	
0		John Wilkerson	
		4928 NW Flintstone Av	
		Port Saint Lucie, FL	
_			
χ".	(Attach additional pages	if necessary)	
ignat	ure of an officer or director	Title of person signing	

Typed or printed name of person signing CR2E127 (10/11)

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations PO Box 6327 Tallahassee, FL 32314