

F12000002819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Affidavit (Amend)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 11 AM 8:55

OCT 12 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CFO Capital Partners Inc.

Name of Corporation

DOCUMENT NUMBER: F12000002819

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

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

Bridgeport, NY 13030

City/State and Zip Code

linda@cfocapitalpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Wilkerson

Name of Contact Person

at (772) 261-1647

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

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



FILED
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DIVISION OF CORPORATIONS
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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 Florida on 6/25/2012 and its Florida document
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:

Title:

P

Name and Address

Linda Shea

437 Foxtract Rd

Bridgeport, NY 13030

ST

Carl Moore

437 Foxtract Rd

Bridgeport, NY 13030

D

John Wilkerson

4928 NW Flintstone Av

Port Saint Lucie, FL

(Attach additional pages if necessary)

Linda Shea
Signature of an officer or director

President
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