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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: DISSOLUTION OF CORPORATION		
DOCUMENT NUMBER: PO8000075332		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DENHIS FREDRICK SON (Name of Contact Person)		
CFO SOLUTIONS RESOURCE, INC. (Firm/Company)		
5127 SYWKN OAKS DRIVE (Address)		
VALRICO FL 33596 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (813 390 5545 (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:		
	CFO SOLUTIONS RESOURCE, INC.		
SECOND:	The document number of the corporation (if known): FO80007		
THIRD:	The date dissolution was authorized: $\frac{3/31/21}{}$		
	Effective date of dissolution if applicable: 3 3 1 1 1 1 Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	chapter and	
		1697	
	Signature / mi Infallia	. > 	
	(By a drector, 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)	1: 20	
	DEHNIS FREDRICKSON (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	(Title of person signing)	<u> </u>	
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Filing Fee: \$35