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(Requestor's Name)	_
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(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section
	Division of Corporations

Tallahassee, FL 32301

SUBJECT: Strategic Dealer Services, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Dave Hardin			
	Contact Person		
Dave N Hardin	CPA		
	Firm/Company		
PO Box 5508			
	Address		
Granbury, TX 7	76049		
Cit	y, State and Zip Code		
dnhardin@winds	tream.net		
E-mail address: (to be u	sed for future annual repor	t notification)	
For further information co	oncerning this matter, pleas	se call:	
Anita Hardin		_at (817)910	-2010
Name of Contac	t Person		me Telephone Number
Enclosed is a check for th	e following amount:		
□ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	☐ \$1,052.50 Filing Fees and Certified Copy	★ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, S	trategi	c Dealer	Services,	LP
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(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partne			ses to regist	er to tra	ensact
2 Texas	ta; must contain acceptable suffix 3. 09/02/2010				
State or Country of Formation	Date o	f Formation		÷	
4. Federal Employer Identification Number: 27-3391	883				
5. Name of Registered Agent for Service of Process and CT Corporation System	Florida Street Address:		,		
1200 South Pine Rd	•	•	٠		
Plantation, FL 33324					
6. I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete performy position as registered agent. Signature	agree to act in this capacity. I fi mance of my duties, and I am fan are of Registered Agent	Mich a	el E.	ligalion Jon	es of
7. Principal Office:	8. Mailing Address:	Assista	ant Se	ecre	tary
5605 N. MacArthur Blvd	5605 N. MacArthu				,
Suite 560	Suite 560		***	٨٠٠٠٨	
Irving, TX 75038	Irving, TX 75038		, ,	;; ;;	·** , a
9. If limited partnership is a limited liability limited par	tnership, check box .			<u> </u>	i Le la Le le le
10. Name, principal office address, and mailing address	of each general partner:		i kanala Baraja	70	: :
Name of General Partner: Langeco, LLC	Name of General Partn	er;		. عد <u>دي</u>	
Street Address: 5508 North Gate Rd	Street Address:		· , · · <u>· .</u>	<u>င့်ခ</u>	<u>.</u> `
Granbury, TX 76049			e1		
Mailing Address: PO Box 5508	Mailing Address:				
Granbury, TX 76049					
Name of General Partner:	Name of General Partn	er:			
Street Address:	Street Address:				
			•		
Mailing Address:					

Name of General	Page 1	of 2 Name of General Partner:
Street Address:		Street Address:
Mailing Address:	:	Mailing Address:
Effective date canno 2. Attached is a cert lorida Department o	tificate of existence duly authenticated, not more t	this document is filed by the Florida Department of State.) than 90 days prior to the delivery of this application to the having custody of the entity's records in the jurisdiction under
	Signature of a g	

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Strategic Dealer Services, LP (file number 801313970), a Domestic Limited Partnership (LP), was filed in this office on September 02, 2010.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate DAVE N. HARDIN as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

5508 N. GATE RD.

GRANBURY, TX - 76049 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 30, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Dial: 7-1-1 for Relay Services Document: 551312370002

Phone: (512) 463-5555 Prepared by: SOS-WEB