# M04000004471

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
13/					





600041475536

10/20/04--01047--028 \*\*125.00

NECEIVED

04 OCT 20 PM IZ: 02

LIVISICH OF CHE CHATICA



#### **CT** CORPORATION

October 20, 2004

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 6193680 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Forfeiture Support Associates, LLC (DE) Registration Florida

Piorida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie\_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 WOLLD BY SEE. FOR

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Forfeiture Support Associates, LLC		
(Name of Foreign Limited	Lia	bility Company)
Delaware	3.	51-0476024
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)
12/18/2003	5.	2010
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
10/01/2004	<del></del>	
(Date first transacted business in I (See sections 608.501 & 608.502 F.	S. to	da, if prior to registration.) or determine penalty liability)
18980 Upper Belmont Place, Lansdowne, VA 20176		
(Street Addres	s of	Principal Office)
If limited liability company is a manager-manage	d c	ompany check here
17 minutes maching company to a manager manage		ompany, encor here
The name and usual business addresses of the ma	nag	ging members or managers are as follows:
		- ·
——————————————————————————————————————		
		N was it
Attached is an original certificate of existence, no more than 9	O day	ys old, duly authenticated by the official having custody of reco
e jurisdiction under the law of which it is organized. (A photoco		
nslation of the certificate under oath of the translator must be su	bmit	ted.)
. Nature of business or purposes to be conducted	or p	promoted in Florida:
Federal Contracting Support Personnel Services		~ <i>~</i>
		204
( time to	<u> </u>	ter /
		orized representative of a member.
(In accordance with section 608.408(3), an affirmation under the penalties of pe	г.э. гјигу	, the execution of this document constitutes  that the facts stated herein are true.)
By: MPRI Inc., member Typed or printe	Λ	herty Senior U.P.
member Typed or printe	ed n	ame of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability	Company is:	
		ddmaga of the marietaned areas and office and	
z. The name	and the Florida sireet at	ddress of the registered agent and office are:	
	C T Corporation System	1	
		(Name)	
	1200 South Pine Island	Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL <sup>33324</sup>	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By:

(Signature)

C T Corporation System

ANUSHA TRUTY, VP

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

#### Member Information

Member: MPRI Inc.

1201 East Abingdon Drive

Suite 425

Alexandria, VA 22314

Member: AECOM Government Services Inc.

1200 Summit Avenue

Suite 230

Fort Worth, TX 76102

## Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORFEITURE SUPPORT ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3358945

DATE: 09-17-04