11/300000092

(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:

A. LUNT

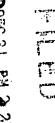
JAN -4 2013

EXAMINER

Office Use Only



300242932813 PC 31 PM 2 27



12/31/12--01013--002 **155.00

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

STRATEGIC PROGRAM SUPPORT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALVARO PATINO		
Name of Person		
HISPANIC FINANCIAL TAX SERVICES INC		
Firm/Company	推出	2812
7401 WILES RD, STE 126	2.7	12 DEC
Address	(3,5)	ည
CORAL SPRINGS, FL 33067		
City/State and Zip Code	100 m	₽2
apatino@hispanictaxinc.com		27
E-mail address: (to be used for future annual report potification)		-

For further information concerning this matter, please call:

ALVARO PATINO	_{at} 954 509-3745
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLL LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF F.	
1. STRATEGIC PROGRAM SUPPORT LLC	
(Name of Foreign Limited Liability Company; must include "Limited L	ability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transactir consent of the managers or managing members adopting the alternate name. The Company," "L.L.C," "LLC.")	
_{2.} THE STATE OF TEXAS _{3.} 27-15	63762
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	PETUAL
(Date of Organization) (Duration exist or "	: Year limited liability company will cease to perpetual")
6.	
(Date first transacted business in Florida, if prior t (See sections 608.501 & 608.502 F.S. to determine	o registration.) penalty liability)
7. 225 COPPERWOOD DR	2012
LAKESIDE TX 76108	
(Street Address of Principal O	ffice)
8. If limited liability company is a manager-managed company, c	
9. The name and usual business addresses of the managing members.	ers or managers are as follows to
LOGISTIC SUPPORT PROFESSION	AL SERVICES
10. Attached is an original certificate of existence, no more than 90 days old, duly	
the jurisdiction under the law of which it is organized. (A photocopy is not accept translation of the certificate under oath of the translator must be submitted.)	able. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted in	n Florida: LOGISTIC SUPPORT
SERVICES	
Fin helmol.	
Signature of a member or an authorized rep	resentative of a member.
(In accordance with section 608.408(3), F.S., the execution of this dopenalties of perjury that the facts stated herein are true. I am aware document to the Department of State constitutes a third degree	that any false information submitted in a felony as provided for in s.817.155, F.S.)
Ekha del Pilas Re Typed or printed name of sig	mee
Typed of printed fiathe of sig	,

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.

1.	The name	of the	Limited	Liability	/ Compan	v is:

STRATEGIC PROGRAM SUPPORT LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

HISPANIC	FINANCIAL	TAX SERV	ICES INC

(Name)

7401 WILES RD, STE 126

Florida Street Address (P.O. Box NOT ACCEPTABLE)

CORAL SPRINGS

33067

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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



John Steen Secretary of State

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 Program Support, LLC (file number 801208431), a Domestic Limited Liability Company (LLC), was filed in this office on December 22, 2009.

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

Delayed Effective date: January 01, 2010

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 December 07, 2012.



Phone: (512) 463-5555

Prepared by: SOS-WEB



John Steen Secretary of State

Fax: (

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 455919210002