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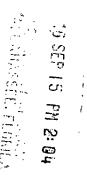
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2016

COHEN, CHASE, HOFFMAN & SCHIMMEL, PA 9400 SOUTH DADELAND BLVD SUITE 600 MIAMI, FL 33156 US

SUBJECT: NARNIA HOLDINGS INC.

Ref. Number: W16000059396

We have received your document for NARNIA HOLDINGS INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00018252

LAW OFFICES

## COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.

9400 SOUTH DADELAND BOULEVARD . SUITE 600

MIAMI, FLORIDA 33156

TELEPHONE (305) 670-0201

(866) 521-5391

TELEFAX (305) 670-6152

E-MAIL: general@miamitaxlaw.com

HERBERT JAY COHEN
ALAN R. CHASE
FREDRIC A. HOFFMAN
JOSEPH BARRY SCHIMMEL
GIEV JUSTIN ASKARI

OF COUNSEL
ROBERT M. SONDAK
MARK SCHWIMMER

August 24, 2016

Division of Corporations 2661 W. Executive Center Circle Tallahassee, Florida 32301

Via Federal Express

Re: Narnia Holdings Inc.

Our File No. 5137-1

Dear Sir/Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Goodstanding" and check are submitted to register the above-referenced foreign corporation to transact business in Florida. Once the corporation has been registered, please provide us with a certified copy.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

MARYW. KURLANSIK, Legal Assistant

MWK:mjk Enclosures

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Namia Holdings  1.			
	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	•
(If name unavails	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)
Bahamas 2.	3.		
(State or countr August 31, 2011	y under the law of which it is incorporated)  5.	(FEI number, if applicable)	
		(Date of duration, if other th	nan perpetual)
January 1, 2016 5.			
c/o Clairmont Tri	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 ast Company Limited, Pineapple Grove #5, Lyford	, F.S., to determine penalty liability	
7,	(Principal	office address)	
c/o Clairmont Tr	ust Company Limited, Pincapple Grove #5, Lyfor	d Cay, PO Box SP 64284, Nassau,	The Bahamas.
	(Current mailing a	iddress, if different)	75
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. I RA Corporate Services, Inc.	Box NOT acceptable)	3387. 1388. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
Office Address:	9400 S. Dadeland Boulevard, Suite 600	<del></del>	
	Miami	33156 . Florida	12:04
	(City)	(Zip code)	***************************************

### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS	
Chairman		
Address:		
Vice Chai	rman:	
Address:		
Director:	Zefiryn Ltd.	
Address:	Pincapple Grove #5, Lyford Cay	
	PO Box SP 64284, Nassau, The Bahamas	
Director:	Syprian Limited	
Address:	Pincapple Grove #5, Lyford Cay	
	PO Box SP 64284, Nassau, The Bahamas	M. The
B. OFF	ICERS	16 SEP
President		70
Address:		
Vice Pres	ident:	<u> </u>
Address:		
Secretary		
Address:		
Freasurer	·	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
12	PW MA-	
	Signature of Director or Officer	
are true	cer or director signing this document (and who is listed in number 11 above) affirms to and that he or she is aware that false information submitted in a document to the Department for in s.817.155, F.S.	hat the facts stated herein artment of State constitutes

13. Roman Knowles + Mites Evans as Authorized Signatories
(Typed or printed name and capacity of person signing application)

