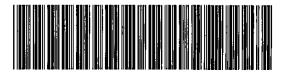
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Navren LLC dba Hemingwa (Name of	ay and Hale Limited Liability Company)		
	I Liability Company for Authorization to Transacres submitted to register the above referenced foreithm.		
Please return all correspondence concerning th	nis matter to the following:		
Karin Nieuwoudt		_	
	(Name of Person)	_	
Navren LLC dba Hemingway and Hale			
(Firm/Company)			
	(Time company)	2006 OCT -2	무중골
PO Box 470517		? P# 4: 0	Y OF S
	(Address)	٠ <u>٠</u> -) [/5
Fort Worth, TX 7610	7	=	SHC
(Cit	y/State and Zip Code)	_	
For further information concerning this matter,	, please call:		•
Karin Nieuwoudt	at (_770) 485 0600		
(Name of Person)	(Area Code & Daytime Telephone Num	ber)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	te & \$\Bigsim\$\$155.00 Filing Fee & \$\Bigsim\$		

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:

Navren LLC				
(Name of Foreign Limited	:d Li	ability Company)		
CALIFORNIA	3	33-0847565		
(Jurisdiction under the law of which foreign limited liability company is organized)	у	(FEI number, if applicable	;)	
Sept,1998	5	Perpetual		
(Date of Organization)	3.	(Duration: Year limited liability comparexist or "perpetual")	ny will cease	to
ó				
(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flor F.S. t	ida, if prior to registration.) o determine penalty liability)	20	20
3301 Hamilton, ste 111			00 30	SECH 1SION
Fort Worth, TX 760107			T -2	ETAR OF C
. (Street Addres	ss of	Principal Office)	70	388
3. If limited liability company is a manager-manage	ed c	ompany, check here	PH 4:	IV SO.
2. The name and usual business addresses of the ma	ana	ging members or managers are as fo	llows: □	S.C.
Cedric Nieuwoudt				
2820 Meadow Drive, Marietta, GA 30062	32			
O. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocomanslation of the certificate under oath of the translator must be suit	ору	s not acceptable. If the certificate is in a fore	ng custody o ign language,	frecords , a
1. Nature of business or purposes to be conducted	or p	promoted in Florida: Wine import	ts	
	_	2		
N. J.				-
Signature of a member or an a (In accordance with section 608.408(3), an affirmation under the penalties of pe), F.S	orized representative of a member. , the execution of this document constitutes that the facts stated herein are true.)		
_ Crocic N	\subseteq	ieuwst_		
Typed or printe	ed r	name 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.

1. The name of the Limited Liability Company is:

Navren LLC dba Hemingway and Hale

nature)

2. The name	e and the Florida street address of the reg	gistered agent and office are:	2006 OCT	SEC DIVISIO
	Iwan Brody		CT	- 52F - 52F
	(Name)		-2	13 A E
	3610 Twinste tree lane		PHI	25 SE 20 SE 20 SE 20 SE
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- t: 0:	TIONS TE	
	Jacksonville	FL 32216	_	.,.
	City/S	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.

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

State of California Secretary of State

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the **15th day of Septmeber, 1998, NAVREN, LLC,** became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 25, 2006.



BRUCE McPHERSON Secretary of State