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SECRETARY OF STATE

10) MAY 30 PM 2:

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: HEIFER HAVEN, 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:						
AMY L. KENNER						
(Name of Person)						
GRUNDER & PETTEWAY, PA						
(Firm/Company)						
23349 NW CR 236, SUITE 10						
(Address)						
HIGH SPRINGS, FL 32643						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
AMY L. KENNER at (386) 454-1298						
(Name of Person) (Area Code & Daytime Telephone Number)						
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: □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Co						

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:

1. HEIFER HAVE	EN, LLC					
	(Name of Fore	ign Limited Lia	bility Company)			
2.COLORADO		3.	26-0228516			
(Jurisdiction under company is organiz	the law of which foreign limited)	ted liability	(FEI num	ber, if applicable)	
4. 5/24/07		5.	PERPETUAL			
(Dat	e of Organization)		(Duration: Year limited exist or "perpetual")	I liability compan	ıy will cease	to
6	(Date first transacted b	ausiness in Flori	da, if prior to registration	<u>, </u>		
,	(See sections 608.501 &	608.502 F.S. to	da, il prior to registration o determine penalty liabil	ity)		
7. 23343 NW CF	1 236					
HIGH SPRING	S, FL 32643					
	(Si	treet Address of	Principal Office)		A	
8. If limited liabili	ity company is a manage	er-managed co	ompany, check here	~		
O The name and i	ısual business addresses	of the manag	ing members or man	agers are as fo	llows:	
		_	_	_		
DAVID P. SUI	MRALL, 23343 NW CF	₹ 236, HIGH	SPRINGS, FL 326	<u>343, MANAGI</u>	<u> </u>	
	_		<u>-</u> N-1			
10 Attached to an artist	inal certificate of existence, no	man than 00 da	us old duly suthantiastad k	nutha official havi	ina ouetodu e	of moondo in
	nal certificate of existence, not ne law of which it is organized.					
	cate under oath of the translato					,
11 Nature of husi	ness or purposes to be c	onducted or r	promoted in Florida:	ANY AND AI	_L LAWF	UL
	hoss or purposes to de	on auoto a or p	· ·			
BUSINESS		$-\Omega$				
	Chum	H		ÄLL	<u> </u>	
	Signature of a mem	ber or an auth	orized representative	of a member?	꼭 🏂	
	(In accordance with section an affirmation under the p	n 608.408(3), F.S. senalties of periur	, the execution of this docur that the facts stated herein	are true.)	န္က သ	The same of the sa
	DAVID P. SUMRA			ົເມ ເມ-	-	
	Туре	d or printed r	name of signee	<u> </u>	mi ⊒¥:	
				R	2: (Tagent P

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 (Compa	any is:		· .	
2. The name and the Florida street add	lress o	of the registered agent and office are:			
DAVID P. SUMRALI	L				
		(Name)			
23343 NW CR 236					
Florida Stre	et Addr	ress (P.O. Box <u>NOT</u> ACCEPTABLE)			
HIGH SPRINGS		_{FL} 32643			
		City/State/Zip			
Having been named as registered agent liability company at the place designate agent and agree to act in this capacity. relating to the proper and complete perjobligations of my position as registered	d in th I furth formai	nis certificate, I hereby accept the appo ner agree to comply with the provision nce of my duties, and I am familiar wit	ointmen is of all : th and a	t as reg statutes sccept t	gistered s
	00.00 25.00	Filing Fee for Application Designation of Registered Agent	SECRETARY OF ST	2007 HAY 30 PM 2	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Heifer Haven, LLC

is a Limited Liability Company

formed or registered on 05/24/2007 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20071248293.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/18/2007 that have been posted, and by documents delivered to this office electronically through 05/24/2007 @ 09:09:36.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/24/2007 @ 09:09:36 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6791640.



Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/hit/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."