

LD7000101651

(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:

DB

Office Use Only



600110023046

10/04/07--01015--004 \*\*125.00

09/17/07--01016--014 \*\*25.00

FILED  
07 OCT -5 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2007

JAMES L ROXBY  
5105 SW 93 AVE  
COOPER CITY, FL 33328

SUBJECT: N2 VENTURE LLC  
Ref. Number: W07000046070

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07 OCT -5 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for N2 VENTURE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 007A00058256



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2007

JAMES L ROXBY  
5105 SW 93 AVE  
COOPER CITY, FL 33328

SUBJECT: N2 FLORIDA LLC  
Ref. Number: W07000046070

CHANGED TO  
N2 VENTURE LLC

We have received your document for N2 FLORIDA LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

There is a balance due of \$125.00.

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) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 207A00054935

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07 OCT -5 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: N 2 INVESTIGATIONS LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

JAMES L. ROXBY  
(Contact Person)

N 2 LLC  
(Firm/Company)

5105 SW 93 AVE  
(Address)

COOPER CITY, FL 33328  
(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES at (954) 309 7237  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees  
( \$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

STREET ADDRESS:

Registration Section

MAILING ADDRESS:

Registration Section

JAMES ROXBY  
8340 SW 56TH CT  
COOPER CITY, FL 33328

502  
63-215/631

4

9/7/07  
Date

Pay to the order of FLORIDA DIV. OF CORPORATIONS \$ 25.00  
TWENTY FIVE DOLLARS 00 Dollars



ACH RT 061000104

For N 2 FLORIDA LLC

⑆063102152⑆1000063269079⑆0502

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07 OCT -5 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

N2 INVESTIGATIONS INC.  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION PO600026098  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/4/06  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

N2 INVESTIGATIONS LLC  
(Enter Name of Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 6 day of SEPT 20 07.

Signature of Authorized Person: \_\_\_\_\_

Printed Name: JAMES L. ROXBY Title: OWNER

Fees:

Certificate of Conversion:	<del>\$25.00</del>
Fees for Florida Articles of Organization:	<del>\$125.00</del>
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

N2 INVESTIGATIONS L.L.C.

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

SAME

5105 SW 93 AVE  
COOPER CITY  
FL 33328

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

#### Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate individual or another business entity with an active Florida registration.)

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

JAMES L. ROXBY  
Name  
5105 SW 93 AVE  
Florida street address (P.O. Box NOT acceptable)  
COOPER CITY FL 33328  
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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, F.S.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager / OWNER

"MGRM" = Managing Member

JAMES L. ROXBY

**Name and Address:**

5105 SW 93 AVE  
COOPER CITY, FL  
33328

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

[Signature]  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES L. ROXBY  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT -5 PM 4: 06

FILED

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)