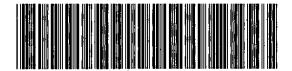
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(Requestor's Name)					
(Address)					
- (Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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12/09/15--01017--030 **338,75

12/23/15--01021--005 **1471.25

DEC 23 2015 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2015

CONNIE L.FERRER 35765 CHESTER ROAD AVON, OH 44011

SUBJECT: N2Y LLC

Ref. Number: W15000079822

We have received your document for N2Y LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1471.25.

There is a balance due of \$1471.25.

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: 415A00025913

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	n2y LLC T:				
	Name of Limited Liability Company				
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please re	turn all correspondence concerning this matter to the following:				
-	Connie L. Ferrer, Paralegal				
•	Name of Person				
-	Wickens, Herzer, Panza, Cook & Batista				
Firm/Company					
	35765 Chester Road				
Address					
	Avon, OH 44011				
	City/State and Zip Code				
	CFerrer@WickensLaw.com				
	E-mail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please call:				
•	Connie L. Ferrer 440 695-8078				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	is a check for the following amount: \$\Boxed{\Pilon}\$ \$125.00 \text{ Filing Fee} \Boxed{\Pilon}\$ \$130.00 \text{ Filing Fee} & \Boxed{\Pilon}\$ \$155.00 \text{ Filing Fee} & \Boxed{\Pilon}\$ \$160.00 \text{ Filing Fee}, \text{ Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}				

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. n2y LLC	eign Limited Liability Company; must include	of basic of the filling Common will be Common with the Common will be common will be common w	911(2.9)
(Name of Fore	eigh Limited Liability Company; must include	"Limited Liability Company, L.L.C., or	"LLC.)
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transa " or "LLC.")	cting business in Florida. The alternate nan	ne must include "Limited
2. Ohio	3. 20	6-2606260	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, it applicable)	
4. 7/1/08			_
•	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	da, if prior to registration.) . to determine penalty liability)	
5. 909 University Dr. Sou	uth		_
· Huron, OH 44839			
	(Street Address of Principal C	Office)	-
6, P.O. Box 550			
Huron, OH 44839			
	(Mailing Address)		- 三 変 式
7. Name and street address	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	
Name:	C T Corporation System		22
Office Address:	1200 South Pine Island Road	- August	
	Plantation	, Fłorida ³³³²⁴	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	rgistered agent and to accept service of protion, I hereby accept the appointment as a cons of all statutes relative to the proper acting position as registered agent. Kristin Assistant	registered agent and agree to act in th ad complete performance of my duties Bolden Secretary	is capacity. I further agree
	(Registered agent	's signature)	
8. The name, title or cap:	acity and address of the person(s) who has	have authority to manage is/are:	
Christin A. Wostmann, Pr	•	, ,	
909 University Dr. South			
Huron, OH 44839			
	of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted) Signature of an auti	is in a foreign language, a translation o	
	d in accordance with section 605.0203 (1) (to the Department of State constitutes a third		

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show N2Y LLC, an Ohio Limited Liability Company, Registration Number 1777593, was organized within the State of Ohio on April 30, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of December, A.D. 2015.

Ohio Secretary of State

Validation Number: 201534103332