

# M17000010232

Florida Department of State  
Division of Corporations  
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From: Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 128888888-45  
Phone : (352) 645-7488  
Fax Number : (352) 645-1288

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  
Email Address: rudy@fusionfunding.com

### Foreign Limited Liability Company Fusion Capital Partners LLC

Certificate of Status	1
Certified Copy	0
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STATE OF FLORIDA

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December 1, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: FUSION CAPITAL PARTNERS LLC  
REF: W17000095281

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Fusion Capital Partners LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must be both "Limited Liability Company," "L.L.C.," or "LLC")

2. Delaware (Jurisdiction under the law of which Foreign limited liability company is organized) 3. (Filing number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 323 Sunny Isle Blvd (Street Address of Foreign Office) Suite 716 Sunny Isle, FL 33160
6. 323 Sunny Isle Blvd (Mailing Address) Suite 716 Sunny Isle, FL 33160

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: RODIE BEN-SIMON
Office Address: 323 Sunny Isle Blvd, Suite 716 Sunny Isle, Florida 33160

Registered agent's acceptance:
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 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 prompt performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature of Registered Agent]

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: AMER, RODIE BEN-SIMON, 323 Sunny Isle Blvd, Suite 71, Sunny Isle, FL 33160.

(Use attachments if necessary)

8. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

9. This document is executed in accordance with section 605.0604(1)(b) Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature of Authorizing Person]

RODIE BEN-SIMON
Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUSION CAPITAL PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A. D. 2017.

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SR# 20177259698

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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