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2019 DEC -6 PM 2:05  
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAB CAPITAL 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:

RODIE BENSIMON

Name of Person

FUSION CAPITAL PARTNERS LLC

Firm/Company

323 SUNNY ISLES BLVD SUITE 700

Address

SUNNY ISLES BEACH, FLORIDA 33160

City/State and Zip Code

rud@fusionfunding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODIE BENSIMON

786 8770765  
at ( )

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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SEAL DIVISION OF FLORIDA  
TALLAHASSEE, FLORIDA

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. HAB CAPITAL LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

HAB CAPITAL PARTNERS LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 12/15/2019  
(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 ISLES BLVD  
(Street Address of Principal Office)

6. P.O. BOX 802334  
(Mailing Address)

SUITE 700

SUNNY ISLES BEACH, FL 33160

MIAMI, FLORIDA 33280

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FUSION CAPITAL PARTNERS LLC

Office Address: 323 SUNNY ISLES BLVD SUITE 700

SUNNY ISLES BEACH, Florida 33160  
(City) (Zip code)

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

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TALLAHASSEE FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**  Manager  
**Name and Address:** Name: RODIE BENSIMON  
 Address: 323 SUNNY ISLES BLVD  
 SUITE 700  
 SUNNY ISLES BEACH, FL 33160  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: PETER AZCUE  
 Address: 323 SUNNY ISLES BLVD  
 SUITE 700  
 SUNNY ISLES BEACH, FL 33160  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_


Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

2015 DEC -6 PM 2:05  
 FILED  
 TALLAHASSEE, FLORIDA  
 CLERK OF CIRCUIT COURT

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. 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)

10. This document is executed in accordance with section 605.0203 (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 authorized person  
 RODIE BENSIMON  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAB CAPITAL 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-SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED  
2019 DEC -6 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

7722151 8300

SR# 20198319557

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

Authentication: 204091816

Date: 11-26-19

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "HAB CAPITAL LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF NOVEMBER, 2019, AT 6:32 O'CLOCK P.M.

FILED  
2019 DEC -6 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

7722151 8100  
SR# 20198291636

Authentication: 204086649  
Date: 11-26-19

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:32 PM 11/25/2019  
FILED 06:32 PM 11/25/2019  
SR 20198291636 - File Number 7722151

**CERTIFICATE OF FORMATION**

**OF**

**HAB CAPITAL LLC**

**FIRST:** The name of the limited liability company (the **Company**) is:

**HAB CAPITAL LLC**

**SECOND:** (a) The address of the registered office of the Company in Delaware is:

160 Greentree Drive, Suite 101  
Dover, Delaware 19904

(b) The name of the Company's registered agent at the address of its registered office is:

National Registered Agents, Inc.

**THIRD:** The effective date of the formation is upon filing of the Certificate of Formation.

IN WITNESS WHEREOF, the undersigned, an authorized person of the Company, has caused this Certificate of Formation to be duly executed as of this 25th day of November 2019.

/s/ Susan R. McMaster

Susan R. McMaster, Authorized Person

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DEPARTMENT OF STATE  
HALL  
DOVER, DELAWARE