

L06000015582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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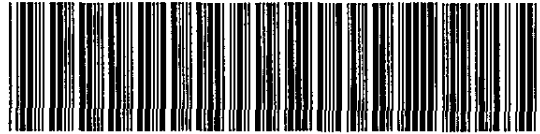
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

02/13/06

EFFECTIVE DATE

01/23/06

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE FUSION GROUP LTD, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO E. GADEA

(Name of Person)

CERTIFIED PUBLIC ACCOUNTANT

(Firm/Company)

10689 N. Kendall Drive, Suite 215

(Address)

Miami, Florida 33176-1525

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

EDUARDO E. GADEA

(Name of Person)

at ( 305 ) 595-0634

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

EDUARDO E. GADEA  
CERTIFIED PUBLIC ACCOUNTANT  
10689 N. KENDALL DRIVE, SUITE 215  
MIAMI, FL 33176-1525

SUBJECT: THE FUSION GROUP LTD, LLC  
Ref. Number: W06000004559

We have received your document for THE FUSION GROUP LTD, 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):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please note that the name must end in one of the suffixes shown above, it cannot end in "LTD. LLC."

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 406A00006624

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

THE FUSION GROUP Ltd. Co.

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

### ARTICLE II - Address:

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

#### Principal Office Address:

999 PONCE DE LEON BOULEVARD

SUITE 510

CORAL GABLES, FL 33134

#### Mailing Address:

SAME

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

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

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

EDUARDO E. GADEA

Name

10689 NORTH KENDALL DRIVE, SUITE 215

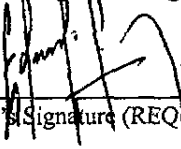
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33176-1525

FL

City, State, and Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

LOURDES F. PETERS

999 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33134

MGRM

CHAS PETERS

999 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33134

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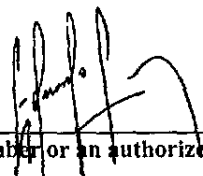
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 23, 2006. (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 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.)

EDUARDO E. GADEA

\_\_\_\_\_  
Typed or printed name of signee

**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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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