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Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Fusion Real Estate Investments, LLC. (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jenny M. Pfaff
	(Mante OI Person)
	.(Firm/Company)
	4930 Hickory Wood Dr.
	Her information concerning this matter, please call:
For fur	ther information concerning this matter, please call:
μ	(Name of Person) at (239 285 - 2038 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
\$ 125.	00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Fusion Real Estate 7 (Must end with the words "Limited Liability	Investments, LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
4091 20th Place SW Naples, FL 34116	4091 20th Place SW Naples, FL 34116
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	egistered agent are: M. Pfaff Wood Dr. Tess (P.O. Box NOT acceptable) FL 34119

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 (KI)O/JIRED

(CONTINUED)
Page 1 of 2

The name and address of each Mana	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael DePaola 4091 20th Place SW Naples, FL 34116
MGRM	Louis Pfaff 4930 Hickory Wood Dr. Naples, FL 34119
	NOV 19 AM 11:3
	ORIGA : 31
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

representative of a member.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee