

L13000123086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

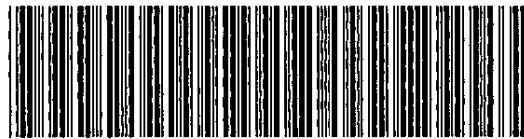
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/13--01004--016 **155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2013

J. BRYAN

Corporate Direct, Inc.

2248 Meridian Boulevard, Suite H
Minden, Nevada 89423

775-782-2201 - Main
775-782-2611 - FAX
775-284-7167 - Lisa Direct

August 21, 2013

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

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TALLAHASSEE, FLORIDA

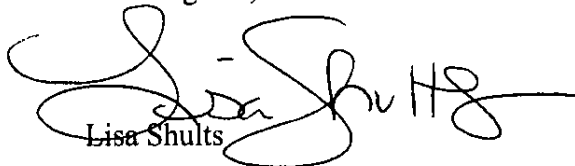
Re: Fuzion Works, LLC

Dear Clerk:

Enclosed please find two original copies of the Articles of Organization for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards,


Lisa Shults

Enclosures

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fuzion Works, 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:

Lisa Shults

Name of Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Ste. H

Address

Minden, NV 89423

City/State and Zip Code

info@corporatedirect.com

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

For further information concerning this matter, please call:

Lisa Shults

Name of Person

at (**775**) **284-7167**

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fuzion Works, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

60 East Simpson Ave., Jackson, WY 83001

Mailing Address:

60 East Simpson Ave. #2869, Jackson, WY 83001

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 another business entity with an active Florida registration.)

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

Gerri Detweiler

Name

1037 Greystone Lane

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

Sarasota

FL

34232

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..

Gerri Detweiler

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR _____

Wyoming State Investments, LLC

60 East Simpson Ave., #2869

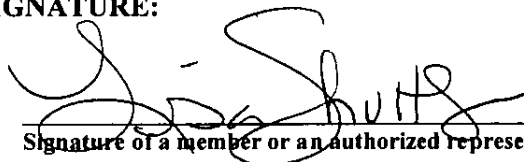
Jackson, WY 83001

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (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. 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.)

Lisa Shults, Organizer

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)

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TALLAHASSEE, FLORIDA