

L23000240570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

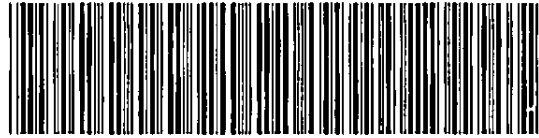
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Certified Copies _____

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TALLAHASSEE, FLORIDA

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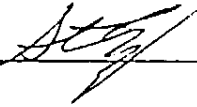
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FUSION STRATEGIES GROUP LLC

Please Debit I20000000257 For: 130

Thank you Seth Neeley



- 23 MAY 16 PM 2:57
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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT
- ___ Art of Inc. File _____
 - ___ LTD Partnership File _____
 - ___ Foreign Corp. File _____
 - ___ L.C. File _____
 - ___ Fictitious Name File _____
 - ___ Trade/Service Mark _____
 - ___ Merger File _____
 - ___ Art. of Amend. File _____
 - ___ RA Resignation _____
 - ___ Dissolution / Withdrawal _____
 - ___ Annual Report / Reinstatement _____
 - ___ Cert. Copy _____
 - ___ Photo Copy _____
 - ___ Certificate of Good Standing _____
 - ___ Certificate of Status _____
 - ___ Certificate of Fictitious Name _____
 - ___ Corp Record Search _____
 - ___ Officer Search _____
 - ___ Fictitious Search _____
 - ___ Fictitious Owner Search _____
 - ___ Vehicle Search _____
 - ___ Driving Record _____
 - ___ UCC 1 or 3 File _____
 - ___ UCC 11 Search _____
 - ___ UCC 11 Retrieval _____
 - ___ Courier _____

Signature

Requested by: SETH 05/15

Name Date Time

Walk-In Will Pick Up

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fusion Strategies Group 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:

Michael Caprario

Name of Person

Firm/Company

28 Par View Rd

Address

Rotonda West, FL 33947-1812

City/State and Zip Code

mcaprario@proton.me

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

For further information concerning this matter, please call:

Michael Caprario

at (603) 305-0113

Name of Person

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

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRET
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fusion Strategies Group LLC

(Must contain 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:

28 Par View Rd

Rotonda West, FL 33947-1812

Mailing Address:

28 Par View Rd

Rotonda West, FL 33947-1812

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:

Blalock Walters, P.A.

Name

2 North Tamiami Trail, #400

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

Sarasota

FL

34236

City

State

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 605, F.S.,

By:

Martin J. Lynn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Michael Caprario
28 Par View Rd
Rotonda West, FL 33947-1812

AMBR

Timothy Baxter
28 Par View Rd
Rotonda West, FL 33947-1812

AMBR

James McKinlay
5709 Heronpark PL
Lithia, FL 33547

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0103 (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.

Michael Caprario

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)

SECRET
FALL 2016

23 MAY 16 TH 2:5

FILED