

L23000250189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

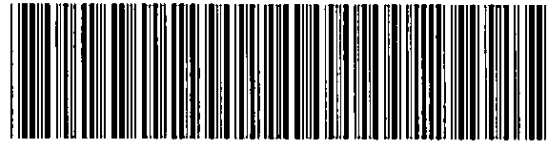
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Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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2003 MAY 22 AM 8:55

49

2003 MAY 22 PM 4:00
ST. LOUIS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 \$ **130.00**

Authorization Signature: _____

FUSE MANAGEMENT, LLC

Business Name

Doc. #

☐ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Officer/Director

☒ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **LLLP**

AMENDMENTS

☐ Amendment

☐ Resignation of R.A.

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles
Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

☐ Other
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FUSE MANAGEMENT, 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:

Jonathan K. Winer, Esq.

Name of Person

Fuse Group Investment Companies

Firm/Company

900 NW 6th Street, Suite 201

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jonathan@fusegroupco.com

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

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.

954

687-9448

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FUSE MANAGEMENT, 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:

900 NW 6th Street, Suite 201

Fort Lauderdale, FL 33311

Mailing Address:

900 NW 6th Street, Suite 201

Fort Lauderdale, FL 33311

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:

Jonathan K. Winer, Esq.

Name

900 NW 6th Street, Suite 201

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

Fort Lauderdale

FL

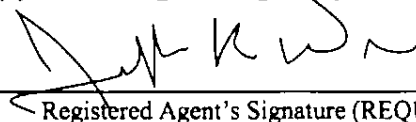
33311

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 MAY 22 AM 8:55
FALLA RESTAURANT

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

R.E.L. PARTNERS LLC

900 NW 6th Street, Suite 201

Fort Lauderdale, FL 33311

MGR

AS TOREN MANAGER, LLC

900 NW 6th Street, Suite 201

Fort Lauderdale, FL 33311

(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.

The Company shall be eligible to engage in all lawful business activities.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Eval Peretz

Typed or printed name of signer

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)

2023 MAY 22 AM 8:55
FILED
CLERK OF COURT
STATE OF FLORIDA

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