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August 29, 2018

CAROLINA NORONHA FUSE GROUP INVESTMENT COMPANIES 900 NW 6TH ST, SUITE 201 FORT LAUDERDALE, FL 33311

SUBJECT: FUSE 9, LLC Ref. Number: W18000078148

We have received your document for FUSE 9, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 418A00017961

www.sunbiz.org

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COVER LETTER

TO:		ation Section n of Corporation	5						
SUBJE		se 9, LLC							
30202		.	Name of I	imited Liability	Company				
			eign Limited Liability Comp to register the above refere						
Please	return all	correspondence co	oncerning this matter to the	following:					
		Carolina Noroni	na						
			Na	ame of Person					
	Fuse Group Investment Companies								
Firm/Company									
	900 NW 6th St, Suite 201						_	2(
	Address						(C)	S	and the same
	Fort Lauderdale, FL 33311						HAS	ĘP	-
			City/St	tate and Zip Code			- 65. - 65 4.	(a)	
		carolina@fusegro	·				_ 	F €	
For fur	ther infor	mation concerning	E-mail address: (to be used this matter, please call:	l for future annua	l report not	ification)	RIOA NO.	\\ # *	L
	Carolir	a Noronha	•	954 at (926750	0			
	_	Name of	Contact Person	Area Code	Day	time Telephone Numb	<u></u> •ег		
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 266! Exc	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301			
Enclose		eck for the followi .00 Filing Fee	ng amount: \$\Begin{align*} \begin{align*} a	S155.00 Filio Certified Copy	_	☐ \$160.00 Filing Fe		te	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L FUSE 9, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FUSE 9-FL, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 3. 82-1527932 2 DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign fimited liability company is organized) 4. 5/31/2017 (Date first transacted business in Florids, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 900 NW 6th St, Suite 201 900 NW 6th St, Suite 201 (Street Address of Principal Office) (Mailing Address) Fort Lauderdale, FL 33311 Fort Lauderdale, FL 33311 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael S. Foelster Name: 400 South Dixie Highway, Suite 420 Office Address: **Boca Raton** (City) Registered agent's acceptance: 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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registere@agene. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Eyal Perety Managing Member 900 NW 6th St, Suite 201 Fort Lauderdale, FL 33311 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 day old, buly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0208 (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. be at an authorized person

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FUSE 9, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203441016

Date: 09-18-18