

4/2/2021

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
FUSE Equipment LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
2021 APR -2 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL

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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:

1. FUSE Equipment LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Commonwealth of Massachusetts
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4758532
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 65 Allerton Street, Suite 2100
(Street Address of Principal Office)
Boston, MA 02119
6. 65 Allerton Street, Suite 2100
(Mailing Address)
Boston, MA 02119
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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 registered agent.

By: Sherry McGinnes
(Registered agent's signature) Sherry McGinnes, Assistant Secretary

5. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Charles M. Fagan</u>
<input type="checkbox"/> Member	Address: <u>65 Allerton St.</u>
<input type="checkbox"/> Authorized	<u>Suite 2100</u>
Person	<u>Boston, MA 02119</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Title or Capacity:

☐ Manager Name: Henry Lazarous Posadas

☐ Member Address: 1515 N. Powerline Rd.

☒ Authorized Pompano Beach, FL 33069

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kathleen L. Turland

☐ Member Address: 65 Allerton Street

☒ *Authorized Suite 2100

Person Boston, MA 02119

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly 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 605.0203 (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.

Signature of an authorized person
Charles M Fagan
Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

March 3, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

FUSE EQUIPMENT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 10, 2013.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JOHN F. FISH, JOHN J. TANGNEY JR., PUNEET MAHAJAN, CHARLES M. FAGAN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JOHN F. FISH, JOHN J. TANGNEY JR., PUNEET MAHAJAN, CHARLES M. FAGAN**

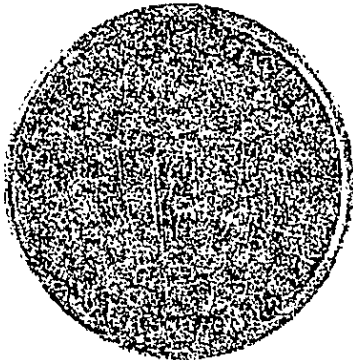
The names of all persons authorized to act with respect to real property listed in the most recent filing are: **JOHN F. FISH, JOHN J. TANGNEY JR., PUNEET MAHAJAN, CHARLES M. FAGAN**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.



William Francis Galvin

Secretary of the Commonwealth