

9/3/21, 4:57 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000330302 3)))



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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
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STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000330299 3 FIRST

By: Jori Sawan C. T. Corporation System Jori Sawan, Assistant Secretary
(Registered agent's signature)

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8. 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>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>John F. Fish</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Charles M. Fagan</u>
<input type="checkbox"/> Member	Address: <u>65 Allerton Street</u>	<input type="checkbox"/> Member	Address: <u>65 Allerton Street</u>
<input type="checkbox"/> Authorized	Suite 2100	<input type="checkbox"/> Authorized	Suite 2100
Person	<u>Boston, MA 02119</u>	Person	<u>Boston, MA 02119</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John J. Tangney Jr.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Puneet Mahajan</u>
<input type="checkbox"/> Member	Address: <u>65 Allerton Street</u>	<input type="checkbox"/> Member	Address: <u>65 Allerton Street</u>
<input type="checkbox"/> Authorized	Suite 2100	<input type="checkbox"/> Authorized	Suite 2100
Person	<u>Boston, MA 02119</u>	Person	<u>Boston, MA 02119</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Kathleen L. Turland</u>	<input type="checkbox"/> Manager	Name: <u>Henry L. Posadas</u>
<input type="checkbox"/> Member	Address: <u>65 Allerton Street</u>	<input type="checkbox"/> Member	Address: <u>1505 N. POWERLINE RD.</u>
<input checked="" type="checkbox"/> Authorized	Suite 2100	<input checked="" type="checkbox"/> Authorized	
Person	<u>Boston, MA 02119</u>	Person	<u>POMPANO BEACH, FL 33068</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Kathleen L. Turland

Signature of an authorized person

Kathleen L. Turland

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FUSE EQUIPMENT 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 FIRST DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

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SR# 20213140244

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204060386

Date: 09-01-21