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## Foreign Limited Liability Company **FUSE Equipment LLC**

| Certificate of Status | 0               |
|-----------------------|-----------------|
| Certified Copy        | 1               |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 615.000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| FUSE Equipment LLC (Name of Foreign | Limited Liability Company; must include "Limite  | d Liebility Company," "L.L.C.," or "L.L.C.       | ")                                 |
|-------------------------------------|--|--|------------------------------------|
| name unavailable, miter oltomate    | rame adopted for the purpose of transacting business in F  | forida. The alternate rums must include "Limited | Lishibity Compeny," "LLC," or "LIC |
| Delaware                            |  | 36-4758532                                       |                                    |
| (lansdiction under the law of w     | tich forces him ted lubility company is organized)   | (Ffii ou   | unber, if applicable)              |
| N/A                                 |  |  |                                    |
|                                     | (Date first har acceed business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ | ragistration.) and penalty habitity)             | <del></del>                        |
| 65 Allerton Street                  |  | 65 Allerton Street                               |                                    |
| rect Address of Principal Office)   | <del></del>  | 6. (Mailing Address)                             |                                    |
| Suite 2100                          |  | Suite 2100                                       |                                    |
| Boston, MA 02119                    | -  | Boston, MA 02119                                 |                                    |
| Name and street address             | ss of Florida registered agent; (P.O. Bus  | ( <u>NOT</u> acceptable)                         |                                    |
| Name:                               | C T Corporation System   |  | 21 SE                              |
| Office Address:                     | 1200 South Pine Island Road  | <u></u>  | 2 - 7 P - 7                        |
|                                     | Plantation   | 33324<br>Florida                                 | ED MID. 3                          |
|                                     | (City)   | (Zip ands  |                                    |

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: Ori Sawan System Jori Sawan, Assistant Secretary

(Kegistered 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];

| Title or Capacity:  | Name and Address:           | Title or Capacity: | Name and Address:              |
|---------------------|-----------------------------|--------------------|--------------------------------|
| ≣lManager           | Name:                       | ®Manager           | Name: Charles M. Fagan         |
| l JMember           | Address: 65 Allerion Street | □Member            | Address: 65 Allerton Street    |
| □Authorized         | Suite 2100                  | □Authorized        | Suite 2100                     |
| P <del>e</del> rson | Boston, MA 02119            | Person             | Boston, MA 02119               |
| ∐Other              | □Other                      | ∏Other             | □Other                         |
| ™Manager            | Name: John J. Tangney Jr.   | ■Manager           | Name: Puncet Mahajan           |
| □Member             | Address: 65 Allerton Street | l Member           | Address: 65 Allerton Street    |
| iTlAuthorized       | Suite 2100                  | ClAuthorized       | Suite 2100                     |
| Person              | Boston, MA 02119            | Person             | Boston, MA 02119               |
| LIOther             |                             | IlOther            | Other                          |
| ∐ Manager           | Name: Kathleen L. Turland   | □Manager           | Name: Henry L. Posadas         |
| [].Member           | Address: 65 Allerton Street | □Mcmber            | Address: 1505 N. POWERLINE RD. |
| ■Authorized         | Suite 2100                  |                    |                                |
| Person              | Boston, MA 02119            | Person             | POMPANO BEACH, Ft. 33068       |
| □Other              | L'Other                     | ∐Other             | Other                          |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

| Kathlul                           |  |  |  |
|-----------------------------------|--|--|--|
| Signature of an authorized person |  |  |  |
| Kathleen L. Turland               |  |  |  |
|                                   |  |  |  |



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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.

Authentication: 204060386

Date: 09-01-21