

9/3/21, 5:04 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2100011958

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(((H21000330310 3)))



H210003303103ABCN

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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 GROUP HOLDINGS LLC

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

2021 SEP -9 AM 8:27

TALLAHASSEE, FLORIDA

2021 SEP -9 PM 2:44

with new
info

****HONOR ORIGINAL DATE 09-03-2021 - PLEASE NOTE, THE FORCED DBA IS ON THE SECOND LINE OF #1****

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Corporate Filing Menu

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*****2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000330306 3 FIRST*****

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:

FUSE Group LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MUSE Group Holdings LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

47-4477808

3. _____ (FBI number, if applicable)

N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

65 Allerton Street

5. (Street Address of Principal Office)

Suite 2100

Boston, MA 02119

65 Allerton Street

6. _____ (Mailing Address)

Suite 2100

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 _____
(City) (Zip code)

33324

(Zip code)

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

(Registered agent's signature)

68-1577-9 PH 2:44

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: John F. Fish	<input checked="" type="checkbox"/> Manager	Name: Charles M. Fagan
<input type="checkbox"/> Member	Address: 65 Allerton Street	<input type="checkbox"/> Member	Address: 65 Allerton Street
<input type="checkbox"/> Authorized	Suite 2100	<input type="checkbox"/> Authorized	Suite 2100
Person	Boston, MA 02119	Person	Boston, MA 02119
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	Name: John J. Tangney, Jr.	 <input checked="" type="checkbox"/> Manager	Name: Puneet Mahajan
<input type="checkbox"/> Member	Address: 65 Allerton Street	<input type="checkbox"/> Member	Address: 65 Allerton Street
<input type="checkbox"/> Authorized	Suite 2100	<input type="checkbox"/> Authorized	Suite 2100
Person	Boston, MA 02119	Person	Boston, MA 02119
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name: Kathleen L. Turland	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 65 Allerton Street	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite 2100	<input type="checkbox"/> Authorized	_____
Person	Boston, MA 02119	Person	_____
<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.



Signature of an authorized person

Kathleen L. Turland

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FUSE GROUP 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.



6200628 8300

SR# 20213141077

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204061036

Date: 09-01-21