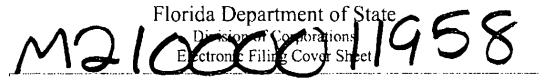
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003303103)))



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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.\*\*

## Foreign Limited Liability Company FUSE GROUP HOLDINGS LLC

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

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

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Help

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

50 1 0 50/

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

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-1. FUSE Group LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.") FUSE Group Holdings LLC (If name unavailable, enter alternate rame independ for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FBI number, if applicable) (Inrisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine pointly liability) 65 Allerton Street 65 Allerton Street (Maling Address) (Street Address of Principal Office) Suite 2100 Suite 2100 Boston, MA 02119 Boston, MA 02119 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name:

## Registered agent's acceptance:

Office Address:

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.

, Florida

1200 South Pine Island Road

Plantation

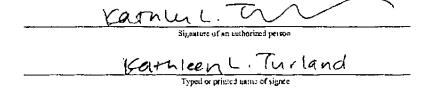
Ву:	Jore	Sawan	n Jori Sawan,	Assistant Secretary
	(Registered again's signature)			

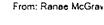
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Canacity:	Name and Address:
[#]Manager	Name: John F. Fish	Manager	Name: Charles M. Fagan
□Member	Address: 65 Allerton Street	□Member	Address: 65 Allerton Street
☐ Authorized	Suite 2100		Suite 2100
Person	Boston, MA 02119	n	Boston, MA 02119
COther	Other	.]Other	
Manager	Name: John J. Tangney, Jr.	■Manager	Name: Puneet Mahajan
□Member	Address: 65 Allerton Street		Address: 65 Allerton Street
L]Authorized	Suite 2100	<b>-</b>	Suite 2100
Person	Boston, MA 02119		Boston, MA 02119
ĹlOther		[]Other	E'Other
□Manager	Name: Kathleen L. Turland	□Manager	Name:
[]Member	Address: 65 Allerton Street	∏Momber	Address:
■ Authorized	Suite 2100		
Person	Boston, MA 02119	Person	
Chiher	f::10ther	L_1Other	C.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.







Page 1

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.

e at corp.delaware goy/auth

Authentication: 204061036

Date: 09-01-21