Florida Department of State Division di Corporations Electronic Fillum Cover Steet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 LNJ Fusion, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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: , LNJ Fusion, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LT.C.") (if name unavailable, enter alternate name adopted for the purpose of transacting numbers in Florida. The alternate name must include "Limited Linbriday Company," "L.I. C." or "L.I.C.") Texas (FEI number, (Lapplicable) (furisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0004 & 605,0005, F.S. to determine penalty liability) 7901 4th St N STE 300 6. 7901 4th St N STE 300 St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

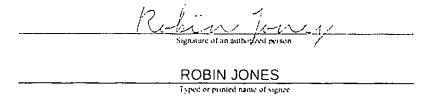
(Registered agent's signature)

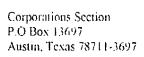
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Osgood, Lisa	□Manager	Name: Brockmeyer, Nancy
⊠Member	Address:	XiMember	Address:
□Authorized	7901 4th St N STE 300	□Authorized	7901 4th St N STE 300
Person	St. Petersburg, FL 33702	Person	St. Petersburg FL 33702
□Other	Other	□Other	□Other
□Manager	Name: Brockmeyer, John	□Manager	Name:
⊠ Membei	Address:	□Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	No.
Person	St. Petersburg, FL 33702	Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.







Office of the Secretary of State

CERTIFICATE OF FILING OF

LNJ Fusion, LLC File Number: 803669221

The undersigned, as Secretary of State of Texas, hereby certifies that the application for reinstatement for the above named entity has been received in this office and has been found to conform to law. It is further certified that the entity has been reinstated to active status on the records of this office.

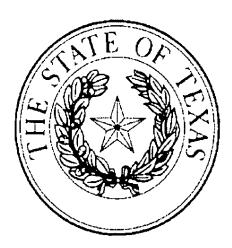
ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Filing

Dated: 01/13/2023

Phone: (512) 463-5555

Prepared by: Angie Huitado

Effective: 01/13/2023



gave Helson

Jane Nelson Secretary of State