Filing Fee: $150.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

2017 JUN -1 AM 8:51

R.I. SECRETARY OF STATE

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

   Fusion Capital Management, LLC

   ☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

   Fusion Consulting

3. The limited liability company is organized under the laws of **New Jersey**

4. The date of its organization is **12/27/2006**

5. The period of duration of the limited liability company is (if perpetual, so state) **perpetual**

6. The address of the limited liability company's resident agent in Rhode Island is:

   40 Howard Ave (Street Address, **not** P.O. Box) **Cranston** (City/Town), RI **02920** (Zip Code)

   and the name of the resident agent at such address is **Pauline Marcussen** (Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

   N/A

9. The mailing address for the limited liability company is:

   1000 Route 9 North - Suite 205

   Woodbridge, New Jersey 07095

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BY 304907
8:51

Form No. 450
Revised: 07/12

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed ☑ by its members. ***(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)***

or

B. The limited liability company is to be managed ☐ by one (1) or more managers. ***(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)***

Manager	Address

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

_____
(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: **05/29/2017**

Fusion Capital Management, LLC
Print Exact Name of Limited Liability Company Making Application

By _____
Signature of Authorized Person

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

FUSION CAPITAL MANAGEMENT LLC
0400159181

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 27, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BRYAN JAKOVCIC
1000 ROUTE 9 NORTH
SUITE 205
WOODBRIDGE, NJ 07095

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of May, 2017

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6080072741

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp