

B01000000241

Requester's Name
Akin, Gump, Strauss
Address
1700 Pacific Ave, Ste 4100
City/State/Zip
Dallas, TX 75201
Phone #

400004398134--5
-06/12/01--01015--005
2217.50 *983.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

B01-241
AL

Examiner's Initials

AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.

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ATTORNEYS AT LAW
1700 PACIFIC AVENUE
SUITE 4100
DALLAS, TEXAS 75201
(214) 969-2800
FAX (214) 969-4343
www.akingump.com

DIRECT DIAL NUMBER (214) 969-2899
E-MAIL ADDRESS mlancaster@akingump.com

RIYADH (AFFILIATE)

June 28, 2001

VIA OVERNIGHT

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Ladies and Gentlemen:

I am in receipt of your letters 201A00036775 and 501A00036776. Enclosed are copies of said letters and the corrected documents you requested.

Please file the above-referenced documents and provide me with certified copies. If you have any questions please contact me at the number above.

Sincerely,



Michelle Newby Lancaster
Paralegal

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TALLAHASSEE, FLORIDA

MNL
Enclosures
cc: M. Todd Williams



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 15, 2001

MICHELLE LANCASTER
1700 PACIFIC AVENUE, SUITE 4100
DALLAS, TX 75201

SUBJECT: IMPERIUM MARKET NEUTRAL FUND (QP), LP
Ref. Number: W01000013791

We have received your document for IMPERIUM MARKET NEUTRAL FUND (QP), LP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

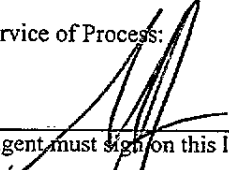
If you have any questions concerning the filing of your document, please call (850) 487-6051.

Tammi Cline
Document Specialist

Letter Number: 501A00036776

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01 JUL -2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Imperium Market Neutral Fund (QP), LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Delaware 4. May 22, 2001
(State of Formation) (Date of Formation)
5. Steve Goldfield
(Name of Registered Agent for Service of Process)
6. One Tampa City Center, Suite 2505
(Street Address of Registered Office)
- Tampa, Florida 33602
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. c/o The Corporation Trust Company, One Tampa City Center, Suite 2505
Tampa, Florida 33602
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- | | |
|---|--|
| <u>Imperium Capital Management, LLC</u> | <u>One Tampa City Center, Suite 2505</u> |
| <u>1101-1455</u> | <u>Tampa, Florida 33602</u> |
| _____ | _____ |
| _____ | _____ |
10. One Tampa City Center, Suite 2505, Tampa, Florida 33602
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

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12. One Tampa City Center, Suite 2505

Tampa, Florida 33602

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of JUNE, 2001

[Signature]
General Partner

STATE OF FL

COUNTY OF HILLSBOROUGH

On this 7th day of JUNE, 2001

STEPHEN GOLDFIELD, personally appeared before me,

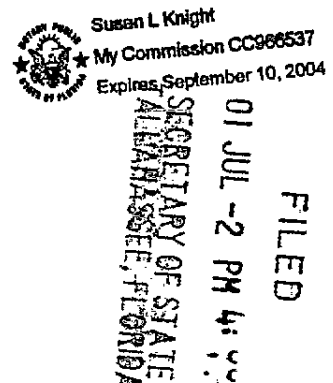
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)
SUSAN KNIGHT
(Notary's Printed Name)

Seal

My Commission Expires: 9/10/04



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Steve Goldfield, Manager of Imperium Capital
BEFORE ME the undersigned personally appeared Management, LLC
a general partner of Imperium Market Neutral Fund (QP), LP (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 7th day of JUNE, 2001.

[Signature]
General Partner

STATE OF FL

COUNTY OF HILLSBOROUGH

On this 7th day of JUNE, 2001

STEPHEN GOLDFIELD, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
(Notary Public Signature)

SUSAN KNIGHT
(Notary's Printed Name)



Susan L. Knight
My Commission CC966637
Expires September 10, 2004

Seal

My Commission Expires:

9/10/04