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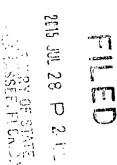
(Requestor's Name)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2015

CONNIE SCHIRALDI 5355 TOWN CENTER ROAD, SUITE 701 BOCA RATON, FL 33486

SUBJECT: GOLDEN SPARROW, LLC

Ref. Number: W15000051307

We have received your document for GOLDEN SPARROW, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 315A00015934

COVER LETTER

7.27.2015 Via fed-x

TO: Registration Section
Division of Corporations

SUBJECT:	GOLDEN SPARROW, LLC	
3000ECT	Name of Limited Liability Company	
	olication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificateck are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all o	prrespondence concerning this matter to the following:	
	Connie Schiraldi	
	Name of Person	
	Golden Sparrow, LLC	
	Firm/Company	
	5355 Town Center Road, Suite 701	
	Address	
	Boca Raton, FL 33486	
	City/State and Zip Code	
	Licensing@imperial.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Connie	chiraldi, Corporate Paralegal 561 995-4362	
	Name of Contact Person Area Code Daytime Telephone Number	
Division Registrat P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	k for the following amount: 0 Filing Fee \$\Bigcup \\$130.00 \text{Filing Fee & Certificate of Status}\$ \text{Certified Copy} \text{Certified Copy} \text{Check# 3019} \text{Ached}	

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: GOLDEN SPARROW, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware 47-4482397 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) July 9, 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Golden Sparrow, LLC 5355 Town Center Road, Suite 701, Boca Raton, FL 33486 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassec (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. Manie Case asst. Alc.
(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Imperial Holdings, Inc. (Sole Member) 5355 Town Center Road, Suite 701 Boca Raton, FL 33486 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) 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.

Typed or printed name of signee

Antony Mitchell, Chief Executive Officer

Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GOLDEN SPARROW, 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 TWENTY-NINTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5781803 8300

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Jeffrey W. Bullock, Secretary of State

AUTHENTX CATION: 2600923

DATE: 07-29-15