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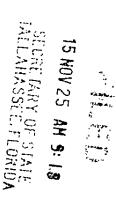
(Re	questor's Name)
(Ad	dress)	
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(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MOV 3 0 2015 J SHIVERS



November 10, 2015

VICTOR KUZNETSOV 1040 S FEDERAL HWY HOLLYWOOD, FL 33020

SUBJECT: IMPERIAL MANAGER II LLC

Ref. Number: W15000074199

We have received your document for IMPERIAL MANAGER II LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Letter Number: 215A00023815

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Accounting Office

KIM MARKS, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
2136 N.E. 123rd Street
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815 Email: kimmarkscpa@bellsouth.net Tel: (305) 895-5815 Fax: (305) 895-6273

PLEASE EXPEDITE

November 3rd, 2015

Florida Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: IMPERIAL MANAGER II LLC

EIN: 46-4907497

Dear Sir or Madam:

Enclosed please find our "Application by Foreign Limited Company for Authorization to Transact Business in Florida." I have enclosed the Delaware Certificate of Status.

Please be made aware that we had erroneously filed and created a Florida LLC under the same name and are correcting that today. See Document number L14000035815.

The members authorize the re-use of the name for the Foreign LLC to use

Please contact us if there are any questions or corrections.

Mphe Cost

Thank you,

Kim Marks, CPA 6505-16813R

COVER LETTER

TO:	Registration Division of (i Section Corporations					
SUBJE		IAL MANAC	ER II LLC				
			Name of L	imited Liability C	ompany		
			ign Limited Liability Comp to register the above refere				
Please	return all corre	espondence co	ncerning this matter to the f	following:			
	VI	CTOR KUZN	ETSOV				
			Na	me of Person			
	IMPERIAL MANAGER II LLC						
Firm/Company							
	104	40 S. FEDER.	AL HIGHWAY				
Address							
Hollywood, FL 33020							
			City/St	ate and Zip Code			
	VK@	@IMPERIAL	FUND.COM				
			E-mail address: (to be used	for future annual	report noti	fication)	
For fur	ther informatio	on concerning	this matter, please call:				
	Stephen Ko	rn		754 at (214-553	32	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
Enclos	ed is a check for \$125.00 F		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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:

1. Imperial Manager II, 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 alterna Liability Company," "L.L.C," or "LLC.")	te name must include "Limited
₂ Delaware ₃ 46-4907497	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if ap	plicable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1040 South Federal Highway, Suite 300	5 5 5 S
Hollywood, FL 33020	AUA TOV
(Street Address of Principal Office)	<u> </u>
6. 1040 South Federal Highway, Suite 300	
Hollywood, FL 33020	COR SIN I
(Mailing Address)	N N N N N N N N N N N N N N N N N N N
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Victor Kuznetsov, Manager, 1040 S. Federal HWY, Suite 300, Holly	wood, FL 33020
Maksim Slyusarchuk, Manager, 1040 S. Federal HWY, Suite 300, Holly	wood, FL 33020
Bruce Lazarus, Manager, 1040 S. Federal HWY, Suite 300, Hollyv	vood, FL 33020
8. Attached is an original certificate of existence, no more than 90 days old, duly authhaving custody of records in the jurisdiction under the law of which it is organized. (acceptable. If the certificate is in a foreign language, a translation of the certificate unmust be submitted)	A photocopy is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of person am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pr	

VICTOR KUZNETSOV

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The	name	of the	Limited	Liability	Company	is:
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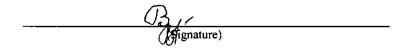
Imperial Manager II, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Victor Kuznetsov				
(Name)				:
1040 South Federal Highway, Suite 300				grad, e. grade A
Florida Street Address (P.O. Box NOT ACCEPTABLE)			7	7
Hollywood	FL 33020	STATE LORIE	<u></u>	1,12
	City/State/Zip	>		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPERIAL MANAGER I, 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 SECOND DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPERIAL MANAGER I, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10344160

Date: 11-02-15

5482067 8300 SR# 20150741187