# M17000005849

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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W17-52393

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DIVISION OF CORPORATIONS

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2017

RICHARD HUNT ONE SANSOME ST, STE 1895 SAN FRANCISCO, CA 94104

SUBJECT: IMPERICAL, CAPITAL LLC

Ref. Number: W17000052393

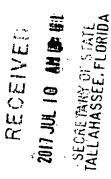
We have received your document for IMPERICAL, CAPITAL LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00012781



#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

**SUBJECT: Imperical Capital LLC** 

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Richard Hunt	
Name of Person	
Cole-Frieman & Mallon LLP	
Firm/Company	
One Sansome Street, Suite 1895	
Address	
San Francisco, CA 94104	
City/State and Zin Code	

rhunt@colefrieman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Richard Hunt

,<sub>4</sub>415 <sub>3</sub>762-2

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

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

#### STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605/0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT RESINENS IN THE STATE OF FLORIDA

	Lumited Liability Company; must include "Limite	er tranning	Company, L.E.C., or LLC.	1	
If name unavailable, enter ulternate o	ane adopted for the purpose of mausacting business in Flo	enda. The alie	mate name mast melode * familed Cir	ability Company," "L.L.C." or "LLC.	٠,
Delaware		3.	81-4682075		
Durisdiction under the law of w	hich foreign Immed liability company is organized)	•	(FE) sur	ther, if applicable i	
1. May 30	oth, 2017				
	1Date thist transacted business in Florida, it prior to (See sections (05) 1904 & 603 (2015), F.S. to determine	registration ) ine penalty ha	willin )	<del></del>	
, 1860 Shiloh Lane		6 1	1860 Shiloh Lane		
(Street Address of I	•		(Mailing Add	hess)	
Winter Park, FL 327	89	<u>,</u>	Vinter Park, FL 32789		
7. Name and street addres Name:	Eugene Wu  1860 Shiloh Lane  Winter Park  City  tance: gistered agent and to accept service of p	NOT ac	ceptable)	DIVISI	<b>1</b>
Office Address:	1860 Shiloh Lane			ION OF	=
	Winter Park		Florida 32789	Č.	0
	(City)		, i fortun	<del></del>	7
comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all simutes relative to the proper s of my position as registered agent,	rickisich	ca ageni ana agree ar aci	на столерасту. Пранца	7 W. G.
o comply with the provisi	ons of all statutes relative to the proper	and com	ca ageni ana agree ar aci	на столерасту. Пранца	7 11,563
o comply with the provisi and accept the obligations	ons of all summes relative to the proper sof my position as registered agent,  (Registered agent's s	and com	plete performance of my	на столерасту. Пранца	7 11563
o comply with the provisi and accept the obligations	ons of all statutes relative to the proper is of my position as registered agent.	and com	plete performance of my	на столерасту. Пранца	7 11563
o comply with the provish and accept the obligations B. The name, title or capa	city and address of the person(s) who has Name and Address:  Eugene Wu	and com	thority to manage is/are;	duties, and I am familia	7 11563
o comply with the provisional accept the obligations  3. The name, title or capa  Title or Capacity:	ons of all summes relative to the proper s of my position as registered agent.  (Registered agent's s city and address of the person(s) who has Name and Address:	and com	thority to manage is/are;	duties, and I am familia	7 11563
o comply with the provish and accept the obligations  8. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address:  Eugene Wu  1860 Shigh Lane	and com	thority to manage is/are;	duties, and I am familia	7 11,563
accept the obligations  The name, title or capa  Title or Capacity:  Managing Director	city and address of the person(s) who has Name and Address:  Eugene Wu  1860 Shikh Lane Winter Park, FL 32789	and com	thority to manage is/are;	duties, and I am familia	<b>チルという</b>
B. The name, title or capa Title or Capacity: Managing Director Use attachments if necess Attached is a certificate	city and address of the person(s) who has Name and Address:  Eugene Wu  1860 Shiloh Lane  Winter Park, FL 32743	synature) s/have attr	thority to manage is/are; e or Capacity;	Name and Address:	with the
B. The name, title or capa Title or Capacity: Managing Director  Use attachments if necess Attached is a certificate or residential or the law of the law of the complex of the law of the	city and address of the person(s) who has Name and Address:  Eugene Wu  1860 Shigh Lane Winder Park, FL 12780  arry)  of existence, no more than 90 days old, dof which it is organized. (If the certificate bmitted)	synature) s/have attr	thority to manage is/are:  enticated by the official hareign language, a translat	Name and Address:	with

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMPERICAL CAPITAL 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 SIXTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPERICAL CAPITAL LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2016.

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

Authentication: 202723937

Date: 06-16-17

6244738 8300 SR# 20174797523