

M220000015039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

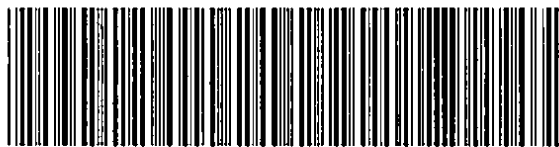
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Certified Copies _____

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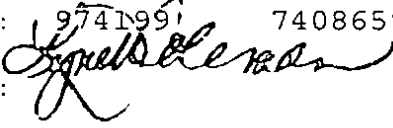
FILED
2022 SEP 28 PM 3:31
TALLAHASSEE
FLORIDA

2022 SEP 28 AM 10:37

S. ROBERTS

SEP 28 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 9741991 7408659
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : September 26, 2022
ORDER TIME : 1:40 PM
ORDER NO. : 974199-005
CUSTOMER NO: 7408659

FOREIGN FILINGS

NAME: IMPERIUM CONSULTING GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Imperium Consulting Group, 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:

Sara Real

Name of Person

Alliant Insurance Services, Inc.

Firm/Company

701 B Street, 6th Floor

Address

San Diego, CA 92101

City/State and Zip Code

contractsadministration@alliant.com

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

For further information concerning this matter, please call:

Sara Real

619

849-3820

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 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. Imperium Consulting Group, 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.")

2. CA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2086085

(FEI number, if applicable)

4. 9/26/22

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18100 Von Karman Avenue, 10th Floor

(Street Address of Principal Office)

Irvine, CA 92612

6. 18100 Von Karman Avenue, 10th Floor

(Mailing Address)

Irvine, CA 92612

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

32301

, Florida

(Zip code)

2022 SEP 28 AM 10:37

Registered agent's acceptance:

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 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.

Corporation Service Company

By:

Eylima Bahar
Assistant Vice President

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Alliant Insurance Services, Inc.

☐ Member Address: 701 B Street, 6th Floor

☐ Authorized San Diego, CA 92101

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jennifer E. Baumann

☐ Member Address: 701 B Street, 6th Floor

☒ Authorized San Diego, CA 92101

Person _____

☒ Other Exec. Officer ☐ Other _____

☐ Manager Name: P. Gregory Zimmer

☐ Member Address: 18100 Von Karman Avenue,

☐ Authorized 10th Floor

Person Irvine, CA 92612

☒ Other Exec. Officer ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Alliant Insurance Services, Inc.

☒ Member Address: 701 B Street, 6th Floor

☐ Authorized San Diego, CA 92101

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Thomas Corbett

☐ Member Address: 18100 Von Karman Avenue,

☐ Authorized 10th Floor

Person Irvine, CA 92612

☒ Other Exec. Officer ☐ Other _____

☐ Manager Name: Ralph Hurst

☐ Member Address: 18100 Von Karman Avenue,

☐ Authorized 10th Floor

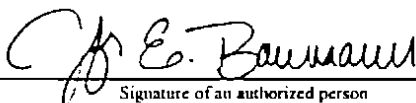
Person Irvine, CA 92612

☒ Other Exec. Officer ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.


Signature of an authorized person

Jennifer E. Baumann, EVP, Chief Legal Officer & Corporate Secretary

Typed or printed name of signer



Secretary of State

Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	IMPERIUM CONSULTING GROUP LLC
Entity No.:	202003110619
Registration Date:	10/01/2018
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 28, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 048375030

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.