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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/12/2025

PRIORITY Regular Approval

OUR REF_# (Order_ID#), 1373971

ORDER ENTITY

IMPERIUM INVESTMENT MANAGEMENT FL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: IMPERIUM INVESTMENT MANAGEMENT FL, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 13, 2025 Page 1 of 1

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Imperium Investment (Name of Foreign	Management, LLC Limited Liability Company, must include "Limited	Liability Company,	"L.L.C.," or "L.L.C.")	<u>.</u>		_
Imperium Investmen	nt Management ELLLC					
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fig.	orida. The alternate nam	e must include "Limited Labili	ity Company," "	L.L.C," or "	1.1.C ")
Delaware 2	hich foreign himited liability company is organized)	3	(FEI number, i			_
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, a	f applicable)		
4						
	(Date first transacted bisiness in Florida, if prior to (See sections 605 0984 & 605 0905, US, to determine	egistration) ne penalty liability (
2054 Vista Parkway, Suite 400 5. (Street Address of Principal Office)			ta Parkway. Suite 400			
(Street Address of Principal Office)		(Maili	ng Address)			_
West Palm Beach, FL 33411		West Pal	m Beach, FL 33411			
	100					-
						_
7 None and street address	ss of Florida registered agent: (P.O. Box	NOT assumed.	.)		• -	
7. Name and street addres	s of Pional registered agent. (P.O. Box	NOT acceptant	.)		2025	
Name:	Robert E. Jackson III			:	2025 HAY 1	اعستان ا ا
Office Address:	2054 Vista Parkway, Suite 400				G	-
White Hadress.	West Palm Beach	· · · · · ·	33411 Horida		AM 1:07	
	(City)	·'	(Zip code)	·:	7	

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.

X Blort & Jackson III

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Robert E. Jackson III Name: ______ □Manager □Manager 2054 Vista Parkway, Suite 400 Address: □Member □ Member Address: ______ West Palm Beach, FL 33411 Authorized □ Authorized Person Person Other____ □Other______ □Other □Other □Manager □Manager Name: Address: _____ □Member □Member Address: _____ □ Authorized ☐ Authorized Person Person □Other □Other □Other □Other____ Name: _____ □Manager □Manager Name: Address: Address: □Member □Member □ Authorized □ Authorized Person Person □Other____ Other_____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Robert E. Jackson III

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "IMPERIUM INVESTMENT MANAGEMENT,

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 TWELFTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPERIUM INVESTMENT MANAGEMENT, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203671673

C. G. Sancher

Date: 05-12-25

10120667 8300 SR# 20252217835