

Electronic Filing Depository
State Sales Data Information

EFDID: 371961

Accession: 0001791798-21-000003

As of Sunday, April 5, 2026

Issuer's Identity

CIK (Filer Id Number)

0001791798

Name of Issuer

Illuminarium Experiences LLC

Jurisdiction of Incorporation/Organization

CAYMAN ISLANDS

Address of Issuer

C/O ILLUMINARIUM LAB

820 RALPH MCGILL BOULEVARD

ATLANTA GEORGIA, 30306

Sales Data

State NH	Notice Date 6/3/2021	File Number EX21-0083608	
Expires Never	Notice Type New		
Offering Amount	Date of Sale	Total # of Investors	Amount Sold
\$118,750,000	4/21/2021	1	\$150,000.00

Filer, on behalf of the issuer, understands and agrees that it is submitting a Form D for Regulation D, Rule 506 offerings to one or more States in compliance with state and federal regulatory requirements. Filer, on behalf of the issuer, understands and agrees that by submitting this Form D in the selected States the issuer is obligated to comply with each of the selected States' requirements governing consent to service of process and jurisdiction. Filer, on behalf of the issuer, understands and agrees that for purposes of complying with the selected States' laws, relating to either the registration or sale of securities, Filer, on behalf of the issuer, hereby irrevocably appoints the officers of the States in which the Form D was filed and their successors in such offices, its attorney in those States upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States; and the Filer, on behalf of the issuer, hereby consents that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States in which the Form D was filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

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