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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA/FOREIGN LP/LLLP MYRIAD ASSET MANAGEMENT US LP

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

MAY 2 7 2022

From: Kaity Toon

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L MYRIAD ASSET MANAGEMENT US LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 3 10/20/2020 2. Delaware Date of Formation State or Country of Formation Federal Employer Identification Number: 85-3579202 5. Name of Registered Agent for Service of Process and Florida Street Address: CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby 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 C T Corporation System my position as registered agent. Rachel O'Connor - Assistant Secretary gnature of Registered Agent Principal Office: (8) Mailing Address: 1401 Lawrence Street, 16th Floor 1401 Lawrence Street, 16th Floor Denver, CO 80202 Denver, CO 80202 9. If limited partnership is a limited liability limited partnership, check box. (6) Name, principal office address, and mailing address of each general partner: Name of General Partner:____ Name of General Partner: 1401 Lawrence Street, 16th Floor Street Address: ______ Street Address: Denver, CO 80202 1401 Lawrence Street, 16th Floor Mailing Address:_____ Mailing Address Denver, CO 80202 Name of General Partner:_______ Name of General Partner:______

Mailing Address: _____ Mailing Address: _____

Street Address:

Street Address:

From: Kaity Toon

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

Name of General Partner:		Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	_
Cote: If the date inserted in th	nan the date of filing: To nor more than 90 days after as block does not meet the applicate Department of State's record.	the date this document is filed by the Florida Department of State.) table statutory filing requirements, this date will not be listed as the	
2) Attached is a certificate of forida Department of State, b he law of which it is organize	by the Secretary of State or other	t more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under	r
Signed this	day of	20 22	
. –	Ø]	Balli	
	Signatu	re of a general partner	

2022-05-27 13:35:42 PDT

Page 2 of 2

\$52.50

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MYRIAD ASSET MANAGEMENT US LP" 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 APRIL, A.D. 2022.

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

a at corn delaware soy/auti

Authentication: 203163369

Date: 04-12-22