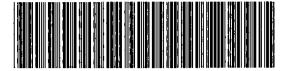
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

FEB - 6 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
<sub>SUBJECT:</sub> Myriad	Advisors LLC		
30b3LC1		ted Liability Company	
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	
Please return all correspor	idence concerning this ma	tter to the following:	
Allen L Fri	edman		
7110		Name of Person	
Myriad Ad	visors LLC		
		Firm/Company	
6026 Bene	vento Dr		·
		Address	
Sarasota, FL			
		ty/State and Zip Code	
a_friedman@	prodigy.net	for future annual report notification)	
	n-man address: (to be used	for future annual report nonfication)	
For further information co	ncerning this matter, pleas	e call:	
Allen L Friedman		at ( 941 ) 706-1283 Area Code & Daytime Telep	
Name of	Person	Area Code & Daytime Tele	phone Number
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 (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Myriad Advisors LLC  (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	E II - Address: ng address and street address of the principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
6026 Benevento Dr Garasota, FL 34238	6026 Benevento Dr Sarasota, FL 34238	

Allen L Friedman

Name

6026 Benvento Dr

Florida street address (P.O. Box NOT acceptable)

Sarasota

.. 34238

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position agreegistered agent/as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Allen L Friedman	
,	6026 Benvento Dr	
	Sarasota, FL 34238	
•	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
LE V: Effective date, if other than the	ne date of filing:	(OPTION

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

#### Allen L Friedman

Typed or printed name of signee

#### Filing Fees:

REQUIRED SIGNATURE

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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