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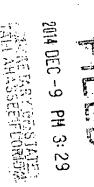
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only-



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DEC'16 201

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Myriad Spetrm Conolling LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	of da.
Please return all correspondence concerning this matter to the following:	
Clerry: Harper Name of Person	
Name of Person	
Warner & Harper Firm/Company	
1396 King Ave	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	ESES.
· Ω ^{**} Ω***	Ÿ
For further information concerning this matter, please call:	e se si
$\frac{G(c) + a }{\text{Name of Contact Person}} = \frac{\text{at } (E/C)}{\text{Area Code}} = \frac{(E/C)}{\text{Daytime Telephone Number}} = \frac{G(c)}{G(c)}$	<u>16</u> 40
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"
(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 "LI.C.")
2. OH (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. 12-5-14
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.
4. P.O. =
Sirel Address of Principal Office)
22.55
6.
1396 King Ave Columbus OH 43212 20 3
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Robert Simon Pres 571 HoneyHower Loop Brade In FR 34212
Robert Simon Pres 531 Honeytlower Loop Brade In FL 34212 Marcia Simon VPres 531 Honeyt Guer Laso Bradenten Fl 34212
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)
Sheet J. Simon
Signature of an authorized person
(In accordance with section 605.0203, F.S., 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.)
Robert Simon
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is: 1. The name of the Limited Liability Company is:	<u> </u>		
If unavailable, the alternate to be used in the state of Florida is:		Walter 100	•
2. The name and the Florida street address of the registered agent and office are:			•
12obert Simon (Name)			
(Name)	_ 	~ 3	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AFEAHASS	1014 DEC -9	
Dradentes FI 74211			
Mradenton FL 74212 City/State/Zip	- STATE FLORIUM	PH 3: 29	immercial i
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoin registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am famili accept the obligations of my position as registered agent as provided for in Chapter 60 Statutes.	tment as rovisions ar with a	s of all ind	ı

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MYRIAD SPECTRUM CONSULTING, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1962929, was organized within the State of Ohio on September 14, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of December, A.D. 2014.

Ohio Secretary of State

Validation Number: 201433800971