

9/14/23, 4:34 PM

Division of Corporations

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Florida Department of State  
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To:

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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: shelley.graham@cn-bus.com

Foreign Limited Liability Company  
Cherokee Nation Defense Solutions, L.L.C.

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DEPT. OF STATE  
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TALLahassee, FLORIDA

STATE  
TALLahassee, FLORIDA

2023 SEP 14 PM 4:04

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Help

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:

1. Cherokee Nation Defense Solutions, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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 "LLC."

2. Cherokee Nation (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3087681 (PII number, if applicable)

4. 8/20/2023 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 777 W. Cherokee Street (Street Address of Principal Office) 6. 777 W. Cherokee Street (Mailing Address) Catoosa, Oklahoma 74015 Catoosa, Oklahoma 74015

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324

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.

By: Eric Carlson, Assistant Secretary (Registered agent's signature)

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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):

Title or Capacity:                      Name and Address:

Manager      Name: Karl Gaskin

Member      Address: 777 W. Cherokee Street

Authorized      Catoosa, OK 74015

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager      Name: Clint Bickett

Member      Address: 777 W. Cherokee Street

Authorized      Catoosa, OK 74015

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

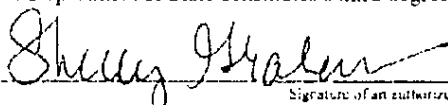
Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Shelley Graham  
 \_\_\_\_\_  
 Typed or printed name of signee

988906

OFFICE OF THE PRINCIPAL CHIEF

# CHEROKEE NATION



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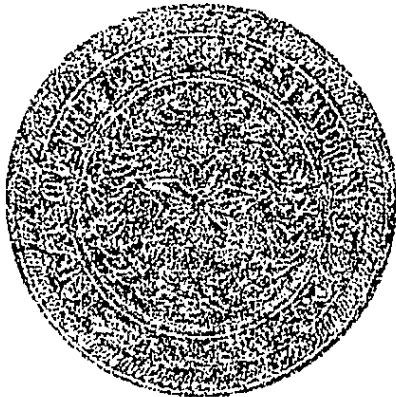
SEP 14 2023

OFFICE OF THE  
SECRETARY OF STATE  
CHEROKEE NATION

## CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS COMPANY

I, THE UNDERSIGNED, Principal Chief of the Cherokee Nation, do hereby certify that I am, by the laws of said Nation, the custodian of the records of the Cherokee Nation relating to the right of certain business entities to transact business in this Nation and am the proper officer to execute this certificate.

I FURTHER CERTIFY THAT Cherokee Nation Defense Solutions, L.L.C., whose registered agent is Robert A. Huffman, Jr., with its registered office at 777 West Cherokee Street, Catonsville, OK 74015, U.S.A., is a Domestic For Profit Limited Liability Company duly organized and existing under and by virtue of the laws of the Cherokee Nation and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the Cherokee Nation, done this Fourteenth day of September, 2023.

Chuck Hoskin, Jr., Principal Chief  
Cherokee Nation