

M12000004875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12-42090

Office Use Only



900238193129

08/10/12--01016 --029 **125.00

08/29/12--01004--004 **916.25

12 AUG 28 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

AUG 29 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2012

SHELLEY GRAHAM
777 W. CHEROKEE STREET, CORP. BLDG. 2
CATOOSA, OK 74015

SUBJECT: CHEROKEE MEDICAL SERVICES, L.L.C.
Ref. Number: W12000042090

We have received your document for CHEROKEE MEDICAL SERVICES, L.L.C. and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 312A00020819

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cherokee Medical Services, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shelley Graham

Name of Person

Cherokee Nation Businesses, L.L.C.

Firm/Company

777 W. Cherokee Street, Corp. Bldg. 2

Address

Catoosa, OK 74015

City/State and Zip Code

shelley.graham@cn-bus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Graham

Name of Person

at (918)

384-7698

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Cherokee Medical Services, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Oklahoma

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. 10/29/1999

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. 2/1/2009

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 777 W. Cherokee Street, Attn: Shelley Graham

Corporate Bldg. 2, Catoosa, OK 74015

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

777 W. Cherokee Street, Corp. Bldg. 2, Catoosa, OK 74015 Steven Bilby

10. 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical Staffing

Shelley Graham

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

(In accordance with section 608.408(3), 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.)

Shelley Graham

Typed or printed name of signer

12 AUG 28 PM 4:30

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AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

Cherokee Medical Services, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

International Corporate Solutions, Inc.

(Name)

155 Office Plaza Drive

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 as registered agent as provided for in Chapter 608, Florida Statutes.

P.D.L. VICE PRESIDENT
(Signature)

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

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that CHEROKEE MEDICAL SERVICES, L.L.C. whose registered agent is ROBERT A. HUFFMAN Jr., with its registered office at 777 WEST CHEROKEE STREET CORPORATE BUILDING 2 CATOOSA 74015 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma 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 affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 17th day of July, 2012.

V. Glenn Coffey

Secretary Of State

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that Cherokee Nation Healthcare Services, L.L.C. and Cherokee Medical Services, L.L.C., and Steven Bilby, the undersigned, hereby grants authority to:

Shelley Graham
Corporate Governance Administrator
Cherokee Nation Businesses, LLC
777 West Cherokee Street, Corporate Bldg. 2
Catoosa, Oklahoma 74015

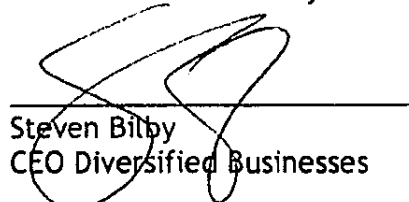
to act for and on behalf of Cherokee Nation Healthcare Services, L.L.C. and Cherokee Medical Services, L.L.C. to do and perform the following:

all business relating to obtaining and renewing business registration documents within states where the company is transacting business, and to do all necessary and appropriate acts including, without limitation, the ability to pay fees, file annual reports, obtain, complete and endorse any documents which are deemed necessary to obtain permits or registrations for the entities in any location within such state.

This Power of Attorney shall be effective on the date of June 27, 2012.

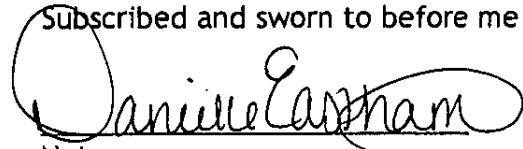
This Power of Attorney shall terminate on the date of June 27, 2015, unless I have revoked it sooner. I may revoke this Power of Attorney at any time and in any manner.

This Power of Attorney shall be governed by the laws of the Cherokee Nation.


Steven Bilby
CEO Diversified Businesses

6/28/12
Date

Subscribed and sworn to before me on this 28th day of June, 2012.


Notary

My commission expires: 3/27/2016

