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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG - 3 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cherokee Nation Healthcare 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, LLC

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

918

384-7698

at (_____) _____

Name of Contact Person

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

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 Healthcare 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. 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. _____
(FEI number, if applicable)

4. June, 2015
(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, Corp. Bldg. 2
Catoosa, OK 74015
(Street Address of Principal Office)

6. Same as above
(Mailing Address)

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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: C T Corporation System Katherine Lackey
Asst. Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Guy Wolcott, Executive General Manager, 777 W. Cherokee St., Catoosa, OK 74015

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)

Shelley Graham
Signature of an authorized person

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.

Shelley Graham
Typed or printed name of signer

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15 JUL 31 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE PRINCIPAL CHIEF

CHEROKEE NATION

FILED



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JUL 10 2015

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 Healthcare Services, L.L.C. whose registered agent is Robert A. Huffman, Jr., with its registered office at 777 West Cherokee Street, Corporate Building No. 2, Catoosa, OK 74015, USA, 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 at the City of Tahlequah, this Tenth day of July 2015.


Bill John Baker, Principal Chief
Cherokee Nation