MIL00001157

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2016

SHELLEY GRAHAM 777 W. CHEROKEE ST., CORP. BUILDING 2 CATOOSA, OK 74015

SUBJECT: CHEROKEE NATION ASSURANCE, LLC

Ref. Number: W16000059484

2016 SEP -7 PH 5: 05

We have received your document for CHEROKEE NATION ASSURANCE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 916A00018278

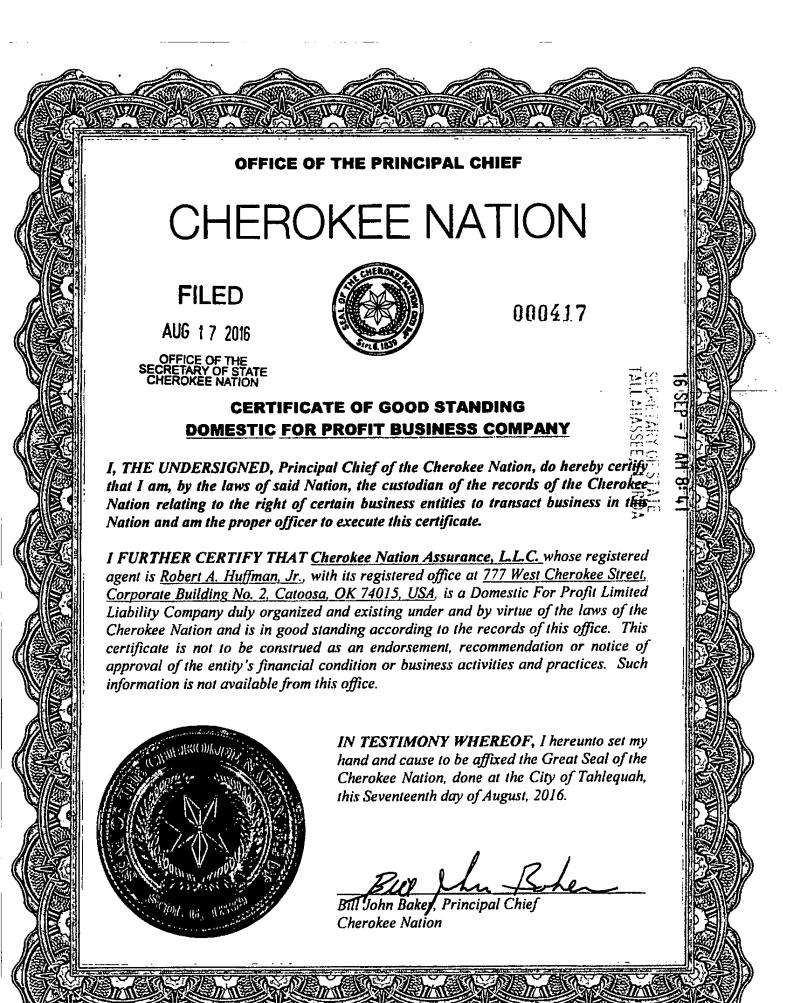
API&ICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

			_		
(If name unavailable, enter a Liability Company," "L.L.C	Iternate name adopted for the purpose of to "LLC.")	ransacting business in Florida. The alternate nat	me must inc	clude "I	imited
2 Cherokee Nation		3. 27-4454424			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	2)		_
4. N/A					
	(Date first transacted business in	Florida, if prior to registration.) , F.S. to determine penalty liability)	_		
5. Cherokee N	etion Businesses	?			
	Cherokee St COLA : Bldg. : DK 74015-0399		_		
	(Street Address of Princi	pal Office)	_		
6. Cherokee	Metion Ruginassas	•			
777 V	V Cherokee St — Coup. Ble , OK 74015-0399	7			
Carone	(Mailing Addre		_ 포함	5	
7 Name and street address	ss of Florida registered agent: (P.O. B	•		SE	
	C T Corporation System	ox <u>NOT</u> acceptable)		1	
Name:			<u> </u>	7 AM	LLI 1
0.03	1200 S. Pine Island Rd.				\Box
Office Address:					
Office Address:	Plantation	, Florida 33324	STATE	۴: ۱	
Registered agent's accep	(City)	, Florida 33324 (Zip code)	CORIDA Compositive	8: 40	the pla
Registered agent's accep Having been named as re designated in this applica to complywith the provisi accept the obligations of t	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. poration System Angle Assis (Registered a	(Zip code) If process for the above stated limited liable as registered agent and agree to act in the area and complete performance of my duties gel Shearer tant Secretary gent's signature)	is capacity	eny at t	ther a
Registered agent's accept Having been named as redesignated in this applicate complywith the provision copt the obligations of a copt the name, title or capa	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. poration System Angle Assis (Registered a	(Zip code) If process for the above stated limited liable as registered agent and agree to act in the area and complete performance of my duties gel Shearer tant Secretary gent's signature)	is capacity	eny at t	ther a
Registered agent's accept Having been named as redesignated in this applicate complywith the provision copt the obligations of a copt the name, title or capa	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. poration System Angle Assis (Registered a	(Zip code) If process for the above stated limited liable as registered agent and agree to act in the area and complete performance of my duties gel Shearer tant Secretary gent's signature)	is capacity	eny at t	ther a

Typed or printed name of signee

Shelley Graham



COVER LETTER

	gistration Section vision of Corporation	r, s						
SUBJECT:	Cherokee Nation A	ssurance, L.L.C.						
SUBJECT.		Name of Limited Liability Company						
The enclose Existence, a	d "Application by Found check are submitted	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," Certificate company to transact business in Florid	ot` ia		
Please retur	n all correspondence	concerning this matter to the	following:					
	Shelley Grahar	n						
		N	ame of Person					
	Cherokee Natio	on Businesses, LLC						
		Fi	rm/Company					
	777 W. Cherok	eec St., Corp. Bldg. 2						
	-		Address	_				
	Catoosa, OK	74015						
		City/S	tate and Zip Code	-				
	shelley.graham@	@cn-bus.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further	information concerning	g this matter, please call:						
Sh	elley Graham		918 at (384-76	98			
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
Di Re P.0	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314	-		Division Registrate Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ceutive Center Circle ee, FL 32301			
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			