

**W1900002511**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

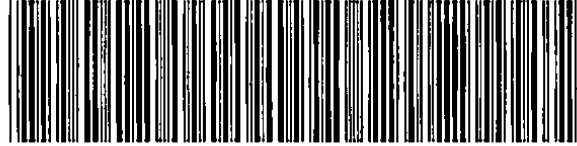
(Document Number)

Unfiled Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*ming from  
penalty \$ W19-19255*

Office Use Only



**800324268378**

02/12/19--01013--018 \*\*87.50

03/15/19--01025--001 \*\*72.50

03/15/19--01025--002 \*\*777.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 MAR 11 AM 9:00

*FedEx  
Return*

O SIMMONS  
MAR 16 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2019

JOHN F MELTON  
320 GOLD AVE SE, STE 1200  
ALBUQUERQUE, NM 87102

SUBJECT: APACHE HOMELANDS, LLC  
Ref. Number: W19000019255

We have received your document for APACHE HOMELANDS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

There is a balance due of \$72.50.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 019A00004078



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:

Apache Homelands, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If alternate 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."

Fort Sill Apache Tribe of Lawton OK Tribal Laws

30-0888470

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

3. (FEI number, if applicable)

01 August 2017

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

320 Gold Ave SW Suite 1200

320 Gold Ave SW Suite 1200

(Street Address of Principal Office)

6. (Mailing Address)

Albuquerque, NM 87102

Albuquerque, NM 87102

FILED  
MAR 11 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name: Tara Miller

Office Address: 453 Penguin Dr.

Satellite Beach, Florida 32937  
(City) (Zip code)

Registered agent's acceptance:

I have 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.

Tara Miller (affiliate) Digitally signed by Tara Miller (affiliate)  
Date: 2019.03.06 14:48:45 -05'00'

(Registered agent's signature)

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: John Melton  
Member                      Address: 320 Gold Ave  
Authorized                      Suite 1200  
Person                      Albuquerque, NM 87102  
Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 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 \_\_\_\_\_

Manager                      Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

FILED  
MAR 11 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

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 by a translator must be submitted)

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.

*John Melton*

Signature of an authorized person

John Melton

Typed or printed name of signee



Office of the Fort Sill Apache  
Economic Development Authority

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

*I, THE UNDERSIGNED, Regulatory Director of the Fort Sill Apache Economic Development Authority, do hereby certify that I am, by the laws of the Fort Sill Apache Tribe, the custodian of the records of the Fort Sill Apache Tribe of Oklahoma relating to the right of certain business entities to transact business in the territory of the Fort Sill Apache Tribe and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that APACHE HOMELANDS, LLC whose registered agent is John Melton, with its registered office is at 320 Gold Ave SW, Suite 1200, Albuquerque, NM 87102, is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the Fort Sill Apache Tribe 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 heretunto set my hand and affixed the Great Seal of the Fort Sill Apache Tribe, this 5th day of February, 2019.*

Richard S Rabin, Regulatory Director  
Fort Sill Apache Economic Development Authority