# M190000 10492

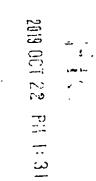
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	)		
(Document Number)				
Certified Copies	_ Certificates o	f Status		
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D. BRUCE OCT 31 2019

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: _		Name of Limited Liabilit	y Company	
			ization to Transact Business in Florid nited liability company to transact bu	
lease return a	ll correspondence concerning this m	natter to the following:		
	Compliance Department - Debra	a Croswell		
		Name of Person	<u> </u>	_
	Cayuse Shared Services, LLC			
		Firm/Company		_
	72632 Coyote Road			
		Address		_
	Pendleton, OR 97801			
		City/State and Zip Co	de	<del>-</del>
	Compliance@cayusess.com			
	E-mail address	: (to be used for future annu	ual report notification)	_ 
For further info	ormation concerning this matter, ple	ase call:	•	.30 <b>6</b> 187
Debra	a Croswell	541 at (	278-8454	~ ;
	Name of Contact Person		de Daytime Telephone Number	
	ING ADDRESS:		STREET ADDRESS:	P
	on of Corporations		Division of Corporations	<del>∵</del> ω
_	tration Section Box 6327		Registration Section Clifton Building	<del></del>
	nassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	
	sed is a check for the following amo		ATPE	

## 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:

Cayuse Shared Servic	es, LLC					
(Name of Foreig	n Limited Liability Company; must include "Limit	ed Liability	Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Pla	orids. The alte	emete name must include "Limited Liability C	ompeny," "LLC,"	or "LLC."	)
Confederated Tribes of the Umatilla Indian Reservation 2. (Jurisdiction under the law of which foreign limited liability company is organized)  3.		3.	36-4907137			
		,	(FEI number, if applicable)			
October 15, 2019						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) tine penalty li	ability)	_		
72632 Coyote Road	•	6.	72632 Coyote Road			
5. (Street Address of Principal Office)		ο	(Mailing Address)			
Pendleton, OR 97801		]	Pendleton, OR 97801	<u> </u>	2019	
				:	<b>1</b> 30 <b>8</b>	<u>.</u>
	<del></del>	-		-	<u>~~</u>	ŗ
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					ם-	
	·		,		<b>3</b> :	
Name:	Corporation Service Company				 ယ —	
Office Address:	1201 Hays Street					
	Tallahassee		32301 Florida			•
	(City)		(Zip code)	_		

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.

: Carof Valle Asst Society
(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: Dawn Hagen Name: William Nerenberg ■ Manager ■ Manager Address: 72632 Coyote Road Address: \_\_\_ Member ☐ Member Pendleton, OR 97801 Pendleton, OR 97801 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_ Other\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager Manager Member ☐ Member Address: Address: Authorized Authorized Person Person Other\_\_\_\_\_ Other\_ Other\_\_\_ Manager Name: Manager Address: ☐ Member Address: ☐ Authorized Authorized Person Person Other Other\_ Other\_\_\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Dawn Hagen

Typed or printed name of signee

#### Confederated Tribes of the Umatilla Indian Reservation

**Board of Trustees & General Council** 



46411 Timíne Way ◆Pendleton, OR 97801 (541) 429-7030 ◆ fax (541) 276-3095 info@ctuir.org ◆ www.umatilla.nsn.us

### CERTFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, N. Kathryn Brigham, the duly elected and qualified Confederated Tribes of the Umatilla Indian Reservation (CTUIR) Board of Trustees Secretary, certify that I am, by the laws of said CTUIR the custodian of the records relating to filings by corporations, non-profit corporations, limited liability companies, limited partnerships, limited liability partnerships and business trusts pursuant to the CTUIR Limited Liability Code. Further I certify that such filings are either presently in status of good standing or were in good standing for a time period subsequent of December 23, 2013, and that I am the proper office to execute this certificate.

I further certify that the records of the CTUIR Board of Trustees Secretary at the date of this certificate, evidence CAYUSE SHARED SERVICES, LLC, as a limited liability company duly organized under the laws of the CTUIR and existing under and by virtue of the CTUIR laws as of the August 6, 2018 and is in good standing on the Umatilla Indian Reservation, near Pendleton, Oregon.

IN WITNESS WHEREOF, I have signed under Constitutional authority as the Secretary, Board of Trustees at my office on October 15, 2019.

N. Kathryn Brigham

Secretary, Board of Trustees

Certificate Number: Resolution 18-056

M. Kathyne Brigham