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· TO:

TO:	Registration Section		
cus u	Cherokee Nation Aerospace and Defense, L.L.C.		
SUBJI	Name of Limited Liability Company		
The en Exister	iclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," nee, and check are submitted to register the above referenced foreign limited liability company to transact busin	' Certific ness in Fl	ate of orida.
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 St., Corp. Bldg. 2		
	Address		
	Catoosa, OK 74015		
	City/State and Zip Code	2019 DEC	
	shelley.graham@cn-bus.com	SEC	. 48
	E-mail address: (to be used for future annual report notification)	9	`
For fur	ther information concerning this matter, please call:		2 4 423 3
	Shelley Graham 918 384-7698	图 2:51	- Vale 1
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \Boxed{\text{S125.00 Filing Fee}} & \Boxed{\text{S130.00 Filing Fee}} & \Boxed{\text{S155.00 Filing Fee}} & \Boxed{\text{S160.00 Filing Fee}} & \text{S		

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:

Charaktery Mission Agrees and Defense. 1—1. C.

name unavadable, enter alternate r	same adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Liability Com-	pany, L.C., or Call
	ο×	3. (FEI number, if uppl	
(Inrisdiction under the law of w	hich foreign limited hability company is organized]	(FE) number, if appli	cable)
9/7/2019			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0908, F.S. to deterr	registration) nine penalty lability)	
777 W. Cherokee St.		777 W. Cherokee St.	
(Street Address of I	Pincipal Office)	6. (Mailing Address)	
Corp. Bldg. 2		Corp. Bldg. 2	
Catoosa, OK 74015		Catoosa, OK 74015	2019 [1]
Name and street addres	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acceptable)	9-3
Name:	C T Corporation System		<u>2</u> 22
Office Address:	1200 South Pine Island Road		
	Plantation,	33324 Florida	

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.

Tracy Kellner, Assistant Secretary

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	<u>l Addres</u>	<u>ss:</u>
Manager	Name: Chris Moody	Manager	Name:			
Member	Address: 10838 E. Marshall St. N.	Member	Address:			
Authorized	Tulsa, OK 74116	Authorized				
Person		Person				
Other	Other	Other		Other_		
■Manager	Name: Marcus Hendricks II	☐ Manager	Name:			
☐Member	Address: Rt. 3 Box 498	Member	Address:			
Authorized	Stilwell, OK	Authorized			2019	 ;
Person		Person			DEC.	
Other	Other	Other		Other_		- 3
				-	AH 2:	
Manager	Name:	Manager	Name:	· .	رب ا	
Member	Address:	Member	Address:		<u>,-</u>	
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. Non-indexed 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.

Shelley Graham

Typed or printed name of signee

