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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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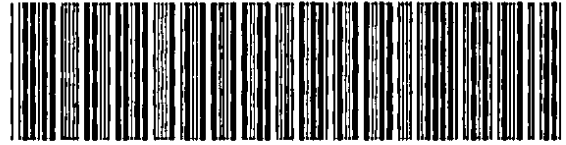
(Business Entity Name)

(Document Number)

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S. FRANKLIN

NOV 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protege Health Services, LLC

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:

Katrina Barnes

Name of Person

Ho-Chunk, Inc.

Firm/Company

818 St. Augustines Drive

Address

Winnebago, NE 68071

City/State and Zip Code

kbarnes@hochunkinc.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Katrina Barnes

402

878-2809

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Protege Health Services, LLC
(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. Winnebago Tribe of Nebraska 3. 46-0824187
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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


5. 818 St. Augustines Drive 6. 818 St. Augustines Drive
(Street Address of Principal Office) (Mailing Address)
Winnebago, NE 68071 Winnebago, NE 68071

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

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, Florida 32301
(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.

 Adam Saldana, Asst. Secretary
(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:**

☐ Manager Name: Janice Dearman

☐ Member Address: 818 St. Augustines Drive

☐ Authorized Winnebago, NE 68071

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Angel Derochie

☐ Member Address: 818 St. Augustines Drive

☐ Authorized Winnebago, NE 68071

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Annette Hamilton

☐ Member Address: 818 St. Augustines Drive

☐ Authorized Winnebago, NE 68071

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Angel Derochie
Signature of an authorized person

Angel Derochie, Treasurer

Typed or printed name of signee

CERTIFICATE AS TO TRIBAL CORPORATE EXISTENCE

WINNEBAGO TRIBE OF NEBRASKA

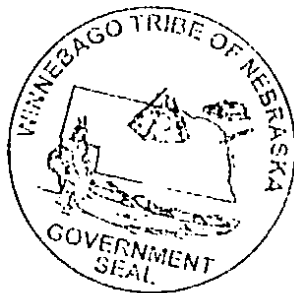
This is to certify that:

Protégé Health Services, LLC

Is a Corporation organized and existing under the laws of the Winnebago Tribe of Nebraska and is in good standing as of the date hereof.

Dated: 9-29-2022

Tribal Seal:



Lorelei De Cora
Tribal Secretary

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