

6/7/24, 12:39 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: shelly.graham@cn-bus.com

Foreign Limited Liability Company
Cherokee Federal Solutions, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. Cherokee Federal Solutions, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
2. Cherokee Nation
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-3087993
(FBI number, if applicable)
4. 5/19/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. 777 W. Cherokee Street, Corp. Bldg. 2
(Street Address of Principal Office)
6. 777 W. Cherokee Street, Corp. Bldg. 2
(Mailing Address)
- Catoosa, Oklahoma 74015
- Catoosa, Oklahoma 74015

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

C T Corporation System

By: Shirley McGinnis Shirley McGinnis, Assistant Secretary
(Registered agent's signature)

FILED
2024 JUN -7 PM 9:40
TALLAHASSEE, FL
OFFICE OF THE
CLERK OF THE
STATE

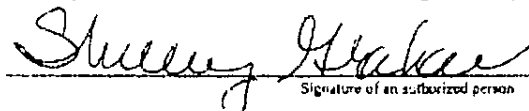
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Dirk Catron	<input type="checkbox"/> Manager	Name: Cherokee Nation Businesses, L.L.C.
<input type="checkbox"/> Member	Address: 777 W Cherokee St.,	<input checked="" type="checkbox"/> Member	Address: 777 W. Cherokee St.
<input type="checkbox"/> Authorized	Catoosa, OK 74015	<input type="checkbox"/> Authorized	Catoosa, OK 74015
Person		Person	
<input checked="" type="checkbox"/> Other	Exec Gen Mgr	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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.



 Signature of an authorized person

Shelley Graham

 Typed or printed name of signer

#91656

OFFICE OF THE PRINCIPAL CHIEF

CHEROKEE NATION



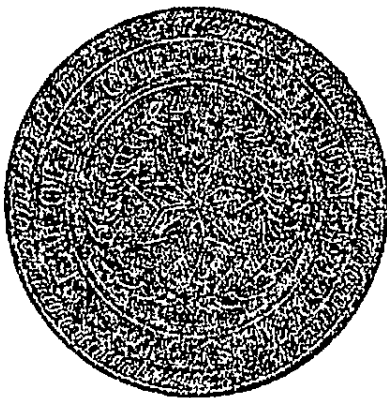
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MAY 15 2024

OFFICE OF THE
SECRETARY OF STATE
CHEROKEE NATION**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS COMPANY**

I, THE UNDERSIGNED, Principal Chief of the Cherokee Nation, do hereby certify that I am, by the laws of said Nation, the custodian of the records of the Cherokee Nation relating to the right of certain business entities to transact business in this Nation and am the proper officer to execute this certificate.

I FURTHER CERTIFY THAT CHEROKEE FEDERAL SOLUTIONS, L.L.C. whose registered agent is Robert A. Huffman, Jr., with its registered office at 777 West Cherokee Street, Corporate Building #2, Catoosa, OK 74015, USA, is a Domestic For Profit Limited Liability Company duly organized and existing under and by virtue of the laws of the Cherokee Nation 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 hereunto set my hand and cause to be affixed the Great Seal of the Cherokee Nation, this Fifteenth day of May, 2024.

Chuck Hoskin Jr.
Chuck Hoskin Jr., Principal Chief
Cherokee Nation