

8/13/24, 9:02 AM
 Division of Corporations
 Florida Department of State
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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: SHELLEY.GRAHAM@CN-BUS.COM

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 24 AUG 13 PM 4:24

Foreign Limited Liability Company
 CHEROKEE CRC, L.L.C.

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

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 DIVISION OF CORPORATIONS

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**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 CRC, L.L.C.
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," "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," "LLC," or "LLC")
- Cherokee Nation 11-3746920
2. Cherokee Nation (If foreign, state of incorporation)
3. (If foreign, state of incorporation)
- 6/13/2024
4. (Date first transacted business in Florida, if prior to registration)
 (See sections 605.0903, 605.0905, 7.5 to determine penalty liability)
- 777 W. Cherokee St., Corp Bldg. 2 777 W. Cherokee St., Corp Bldg. 2
5. (Street Address of Principal Office) 6. (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 33324

(City) (Zip code)

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.

By: Denise Bell
 (Registered agent's signature) Assistant Secretary

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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>
☐ Manager	Name: Cherokee Nation Businesses, LLC	☒ Manager	Name: Pete LaValle
☒ Member	Address: 777 W. Cherokee St.	☐ Member	Address: 777 W. Cherokee St.
☐ Authorized	Corp Bldg. 2	☐ Authorized	Corp Bldg. 2
Person	Catoosa, Oklahoma 74015	Person	Catoosa, Oklahoma 74015
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Shelley Graham	☐ Manager	Name:
☐ Member	Address: 777 W. Cherokee St.	☐ Member	Address:
☒ Authorized	Corp Bldg. 2	☐ Authorized	
Person	Catoosa, Oklahoma 74015	Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	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. 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
Signature of an authorized person
Shelley Graham
Typed or printed name of signer

001039

OFFICE OF THE PRINCIPAL CHIEF

CHEROKEE NATION

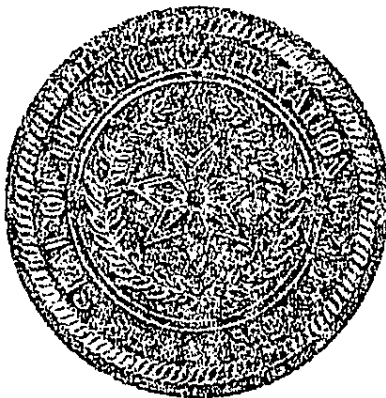
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AUG 15 2024

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 CRC, 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 Fifth day of August, 2024.

*Chuck Hoskin Jr., Principal Chief
Cherokee Nation*

7/24, 4:55 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number: (850)617-6383

From:

Account Name: REGISTERED AGENTS INC
Account Number: 120090000001
Phone: (307)288-2803
Fax Number: (813)436-5206

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

Email Address: _____

Foreign Limited Liability Company
Harris & Harris HVAC LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Harris & Harris HVAC 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. Alabama 3. 812503307
(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 605.0604 & 605.0605, F.S., to determine penalty liability)

5. 7901 4th St N STE 300
(Street Address of Principal Office)

6. 7901 4th St N STE 300
(Mailing Address)

St. Petersburg, FL 33702

St. Petersburg, FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

[Signature]

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Conrad Harris</u>	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	<u>112 r Williams ln</u> <u>Lucedale, MS 39452</u>	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized 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.817.122, F.S.



Signature of an authorized person

Robin Jones

Typed or printed name of signer

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Harris & Harris HVAC LLC
was formed in Mobile County on June 8, 2016. The Alabama Entity Identification
number for this entity is 000-365-604. I further certify that the records do not
disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

08/12/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", written over a horizontal line.

20240812000013562

Wes Allen

Secretary of State