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M. SOLOMON

## **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:	Chesapeake Capital Corporation	on		
	Name o	of corporation -	- must include suffix	
Dear Sir or M	adam:			
"Certificate or	"Application by Foreign Col Existence," or "Certificate and foreign corporation to tra	of Good Stand	ling" and check are submit	
Please return :	all correspondence concernit	ng this matter t	to the following:	
McKenzie Kad	ow			
		Name of P	erson	
Chesapeake Ca	pital Corporation			
······		Firm/Comp	oany	:· .
PO Box 17217	7			••.
		Addres	SS	· · · · · · · · · · · · · · · · · · ·
Tampa, FL 336	572-0177			
mkadow@ches	apeakecapital.com	City/State an	d Zip code	
	, ,	(to be used fo	r future annual report notil	ication)
For further inf	ormation concerning this ma	atter, please ca	ll:	
McKenzie Kad	ow	804 at (	836-1617	
Name	e of Person		Daytime Telephon	e Number
Regis Divisi The C 2415	tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 passee, FL 32303	3:	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, Fl. 1	on orations
	check for the following amoreck payable to: FLORIDA DE ng Fee	PARTMENT O		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	oital Corporation corporation; must include "INCORPORATED, forp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
me Co., C	orp. Inc. Co, or Corp. )		
•	able in Florida, enter alternate corporate name		ess in Florida)
1llinois	3. by under the law of which it is incorporated)	incorporated) (FEI number, if applicable)	
08/13/1991	y tinder the law of which it is incorporated)	(FEI humber, if applicable	,
	5. e of incorporation)	(Date of duration, if other than per	netual)
N/A		,	, , ,
)		n Florida, if prior to registration)	
100 0 1 1 1 1		502, F.S., to determine penalty liability)	
100 South Ashley	/ Drive, Suite 1140 Tampa, FL 33602	and the same of th	
PO Box 172177	Tampa, FL 33672-0177	ce <u>street</u> address)	
	<u> </u>	ng address, if different)	<del></del>
	•		
B. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	7
Name:	Ralph Jerry Parker Jr		- 14년 :
Office Address:	100 South Ashley Drive, Suite 1140		
	Tampa	Florida 33602	***
	(City)	(Zip code)	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
Chairman	Name: Ralph Jerry Parker Jr.	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Tampa, FL 33606	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
□Chairman	Anil Ladde	□Chairman	Nume:			
□Vice Chairman	3610 Littlecroft Place	□Vice Chairman	Address:			
□Director	Midlothian, VA 23113	□Director				
President		□President				
□Vice President		□Vice President	<del></del>	<del></del>		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer		20
□Other	□Other	□Other		□Other		SN 22
□Chairman	Name:Address:	□Chairman □Vice Chairman			10 mm	N-1 HH2
□Director		Director			·: 	9
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Re	port form.			xed
	Signature of Directo	r or Officer				
	ctor signing this document (and who is listed in num ilse information submitted in a document to the Dep					

### File Number

5649-257-7



# To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CHESAPEAKE CAPITAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 13, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of OCTOBER A.D. 2022 .

Authentication #: 2230003796 verifiable until 10/27/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE