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DATE: 02/16/2024

NAME: CHASKILL HOLDINGS, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Chaskill Holdings, Inc				
0000		Name of o	corporation - 1	must include suffix	
Dear S	ir or Madam:				
"Certif	iclosed "Application by Fore ficate of Existence," or "Cert referenced foreign corporation	ificate of	Good Standir	ng" and check are subm	
Please	return all correspondence co	ncerning	this matter to	the following:	
Kathrir	n R. Dimas				
			Name of Pe	rson	
Donahi	ue Fitzgerald LLP				
	<u> </u>		Firm/Compa	ny	
1646 N	. California Blvd., Suite 250				
			Address	·	
Walnut	t Creek, CA 94596				
	***		City/State and	Zip code	
	E-mail a	iddress: (1	to be used for	future annual report no	tification)
For fur	rther information concerning	this matt	er, please call	:	
Kathrin R. Dimas		at	925 746-7770		
	Name of Person		Area Code	Daytime Telepho	ne Number
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303			MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Please	sed is a check for the following make check payable to: FLOR 0.00 Filing Fee	TDA DEP	ARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	☐ \$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.

(If name unavailable			_	
•	e in Florida, enter alternate corporate name ac	dopted for the purpose of transacting b	business in Florida)	
Delaware	3. 9	99-1155813		
(State or country under the law of which it is incorporated) (FEI number, if applications)				
. 1/31/2024	5			
(Date of	incorporation)	(Date of duration, if other than perpetual)		
. 2/12/2024				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		`	
205 Fact Ocanon St	reet, Suite 110, Lakeland, FL 33801	22, F.S., to determine penalty natinty,	,	
- 200 tast Orange ou		e street address)		
				
	(Current mailing	; address, if different)	7021	
			024 FEB	
. Name and street a	address of Florida registered agent: (P.O.	. Box NOT acceptable)	•	
Name:	James R. Chastain, III		5	
Office Address:	205 East Orange Street, Suite 110		P# 8	
	Lakeland	33801	8: LO	
	(City)	, Florida (Zip code)	لب	

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:	□Chairman	Name: James R. Chastain, III						
□Vice Chairman	205 Fast Orange Street, Suite 110 Address:	□Vice Chairman	Address: 205 East Orange Street, Suite 110						
■ Directôr	Lakeland, FL 33801	■ Director	Lakeland, FL 33801						
□President		President							
□Vice President		□Vice President							
Secretary	□Treasurer	☐ Secretary	Treasurer						
□Other	Other	Other Chief Exe	cutive Officer Dother						
□Chairman □Vice Chairman	Name: 205 East Orange Street, Suite 110 Address:	☐Chairman ☐Vice Chairman	Name:						
Director	Lakeland, F1. 33801	□Director							
□President		□President							
□ Vice President		□Vice President							
Secretary	□Treasurer	☐ Secretary	Treasurer						
□Other	Other	□Other	Other						
. To !		T.Ch.	Nome						
□Chairman	Name:	□ Chairman	Name:						
	Address:		Address:						
□Director		□Director							
President		□President							
□Vice President		□Vice President							
☐ Secretary	Treasurer	☐ Secretary	□Treasurer						
□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 thing your Florida Department of State Annual Report form.									
Signature of Director or Officer									
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.									

James R. Chastain, III, Chief Executive Officer

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHASKILL HOLDINGS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHASKILL HOLDINGS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202715360

Date: 02-01-24

3028590 8300 SR# 20240318945