F24000002328

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| (Addiess) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| ,, | | | | | |
| - | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| water on the Otes | | | | | |
| W24000049466 | | | | | |

Office Use Only



400425696204

03/14/24 -01021--014 **70.00

ጣ APR 19 PH կ፡ 28



March 27, 2024

JENNIFER BEASLEY 150 N. MERAMEC AVE., SUITE 400 ST. LOUIS, MO 63105 US

SUBJECT: CHAZAK AMATS Ref. Number: W24000049466

We have received your document for CHAZAK AMATS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

RECEIVED L

Letter Number: 624A00006632

APR 19 2024

COVER LETTER

| то: | Registration Section Division of Corporations | | | | | |
|---|--|---------------------|---|---|--|--|
| cu n i | ECT: CHAZAK AMATS | | | | | |
| SUBJ | Name of | Corporation m | ust include suffix | · - | | |
| Dear S | ir or Madam; | | | | | |
| Affairs | closed "Application by Foreign No. in Florida", "Certificate of Existe r the above referenced not for prof | nce", or "Certific | ate of Status" and cl | heck are submitted to | | |
| Please | return all correspondence concern | ing this matter to | the following: | | | |
| | Attn: Jennifer Beasley | | | | | |
| | <u>——</u> | Name of Person | on | | | |
| | Jenkins & Kling, P.C. | | | | | |
| | | Firm/Compa | ıy | | | |
| | 150 N. Meramec Ave., Suit | e 400 | | | | |
| | | | | | | |
| | | Address | | | | |
| | St. Louis, Missouri 63105 | | | | | |
| | City/State and Zip Code | | | | | |
| | jbeasley@jenkinskling.com | l | | | | |
| | E-mail address: (to b | e used for future | annual report notific | cation) | | |
| For fu | rther information concerning this r | natter, please call | : | | | |
| Jennifer Beasley | | | 721-2525 | | | |
| | Name of Person | Area | Code Daytime To | elephone Number | | |
| Mailing Address: Registration Section | | | Street Address: Registration Section | | | |
| Division of Corporations P.O. Box 6327 | | | Division of Corporations The Centre of Tallahassee | | | |
| Tallahassee, Fl. 32314 | | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Enclo | sed is a check for the following arr | iount: | e ctate | | | |
| | make check payable to: FLORIDA E 0.00 Filing Fee \$\Bigsis \Pi\$78.75 Filin | g Fee & □\$7 | r STATE '8.75 Filing Fee & Certified Copy | □\$87.50 Filing Fee, Certificate of Status | | |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| CHAZAK AN | MATS COLD. | 700- |
|-----------------------|--|----------------------------------|
| nnort in langur | oration: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations o large as will clearly indicate that it is a corporation instead of a natural person or partnership if not so cor present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) | t like ntained |
| CHAZAR | K AMATS CORP. | |
| If name unava | railable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. | rida) |
| Missouri | untry under the law of which it is incorporated) (FEI number, if applicable) | |
| (Class or com | intry under the law of which it is incorporated) (FEI number, if applicable) | |
| 10/10/2023 | 5. | |
| ([| Date of Incorporation) (Date of duration, if other than perpetual) | |
| Date first cond | ducted affairs in Flonda if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty | liability.) |
| 103 Royal Cou | ourt, Safety Harbor, Florida 34695 | |
| | (Principal office street address) | |
| | | |
| | (Current mailing address, if different) | |
| | • | |
| | ration is organized exclusively for charitable, educational, religious, or scientific purpos | es as specine |
| in Section 5 | 501(c)(3) of the Internal Revenue Code, as amended. corporation authorized in home state or country to be carried out in the state of Florida) | |
| (Purpose(s) of | corporation authorized in home state or country to be carried out in the state of Florida) | • |
| Name and etc | reet address of Florida registered agent: (P.O. Box NOT acceptable) | |
| манс яю 20 | rect thatess of Platial registered agent. (1.0, box 1401 acceptable) | - |
| | Gainet Dittrich | - |
| Name: | Gaines Dittrich | |
| Mice Address: | 103 Royal Court | • |
| | Safety Harbor Florida 34695 (City) (Zip Code) | |
| | (City) (Zip Code) | |
| | | ب |
| 0 Registered | d agent's acceptance: | |
| aving been no | named as registered agent and to accept service of process for the above stated corporation a this application, I hereby accept the appointment as registered agent and agree to act in this | i ine piace - p canacity - Le |
| rther agree to | to comply with the provisions of all statutes relative to the proper and complete performance | of my duties. |
| id I am famili | line with and accept the philoations of my position as registered agent. | |
| | | |
| | | |
| | James (Finel | |
| | Games Vittuel (Registered agent's signature) | |

11. 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. 12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTOR | Gaines Dittrich | □ Chairman | Sandy Dittrich |
|------------------------------------|--|------------------------------------|--|
| □Vice Chairman | 103 Royal Court | □Vice Chairman | Address: 103 Royal Court |
| ■ Director | Safety Harbor, Florida 34695 | ■ Director | Safety Harbor, Florida 34695 |
| #President | | □President | |
| □ Vice President | | ■ Vice President | |
| ☐ Secretary | Treasurer | □ Secretary | ☐Treasurer |
| □Other: | Other: | □Other: | Other |
| □Chairman □Vice Chairman ■Director | Name: Dec Renshaw | □Chairman □Vice Chairman ■Director | Name: 5609 S Chadwick Drive Address: Rogers, Arkansas 72758 |
| □President | | □President | |
| □ Vice President | | □Vice President | |
| ☐ Secretary | ■ Freasurer | Secretary | Treasurer |
| □Other: | | Other; | □Other: |
| □Chairman | Name Shanna Olds Address: III Brierbrook | □Chairman □Vice Chairman | Name |
| □Director | earl Junction, ma 64834 | □Director | |
| □President | | □President | |
| □Vice President | | ☐ Vice President | |
| ■ Secretary | ☐Treasurer | □ Secretary | □Treasurer |
| □Other | ☐ Other: | □Other: | Other: |
| Non-indexed indiv | Notice: Use an attachment to report more than six ly duals may be added to the index when filing your least the street of Chairman, Vice Chairman, or any offich. President/Director (Typed or printed name and capacity of per | Florida Department | of State Annual Report form 12 of the application) |

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CHAZAK AMATS N001694407

was created under the laws of this State on the 10th day of October, 2023, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 8th day of March, 2024.

Secretary of State

Certification Number: CERT-03082024-0107

