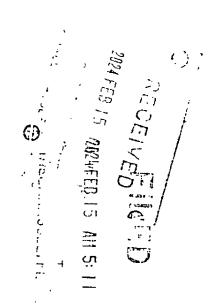


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DATE: 02/15/2024

NAME: CHASTAIN-SKILLMAN, LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

TO:

	Chastain-Skillman, LLC					
JECT:	Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo				
e return	all correspondence concerning this matter	to the following:				
	Kathrin R. Dimas					
	Name of Person					
	Donahue Fitzgerald LLP					
	Firm/Company					
	1646 N. California Blvd., Suite 250					
		Address				
	Walnut Creek, CA 94596					
		City/State and Zip Code				
	E-mail address: (to b	e used for future annual report notification)				
urther ir	nformation concerning this matter, please ca	III:				
Kathrin R. Dimas		925 746-7770				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
	iling Address:	Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	losed is a check for the following amount: ase make check payable to: FLORIDA DEI	ስ A በአጥላብ በእሃም ረአም ረጥ A ጥቦ				

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:

	ting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," o
Delaware	59-0619876 3.
(Jurisdiction under the law of which foreign limited liability company is	s organized) (FE! number, if applicable)
02/13/2024	
(Date first transacted business in F (See sections 605,0904 & 605,090	lorida, if prior to registration.) 5, F.S. to determine penalty liability)
205 East Orange Street, Suite 110,	205 East Orange Street, Suite 110, 6.
reet Address of Principal Office)	6. (Mailing Address)
Lakeland, FL 33801	Lakeland, FL 33801
	dD .
Name and street address of Florida registered agent	t: (P.O. Box NOT acceptable)
James R. Chastain, HI Name:	
Office Address: 205 East Orange Street, St	
Lakeland	33801 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.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: James R. Chastain, Jr.	■Manager	Name:
□Member	Address: 205 East Orange Street	□Member	Address:
□Authorized	Suite 110	□Authorized	Suite 110
Person	Lakeland, FL 33801	Person	Lakeland, FL 33801
Chairman Other		CEO/Presid	dent Treasurer *
■ Manager	Name:	□Manager	Name:Andrew G. Mason
□Member	Address: 205 East Orange Street	□Member	Address: 205 East Orange Street
□Authorized	Suite 110	□Authorized	Suite 110
Person	Lakeland, FL 33801	Person	Lakeland, FL 33801
■Other Secretary	■Other	■ Other	
□Manager	Name: Greg J. Lassi	□Manager	Name:
□Member	Address: 205 East Orange Street	□Member	Address: 205 East Orange Street
□Authorized	Suite 110	□Authorized	Suite 110
Person	Lakeland, FL 33801	Person	Lakeland, FL 33801
VP Geolog ■Other		VP Survey ■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.

Signature of an authorized person

James R. Chastain, III

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CHASTAIN-SKILLMAN, LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHASTAIN-SKILLMAN, LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

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

a a legge delayare sou/aut

Authentication: 202795981

Date: 02-13-24