

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **CHASTAIN-SKILLMAN, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **2/28/1950** and the period of duration is **perpetual**.

7. Principal Office

205 E. Orange St., Ste. 110
Lakeland, FL 33801

8. Required Representatives

Officer	James R. Chastain III	205 E. Orange St. Lakeland Ste. 110	FL	33801
Officer	Andrew G. Mason	205 E. Orange St. Lakeland Ste. 110	FL	33801

9. Registered Agent/Office

Registered Agents Inc.
212 N 2nd St., Suite 100
Richmond, KY 40475

I, **Bill Havre**, consent to sign for **Registered Agents Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, September 14, 2023

As the Authorized Representative, I, **James R. Chastain III**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**