

F210000002741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

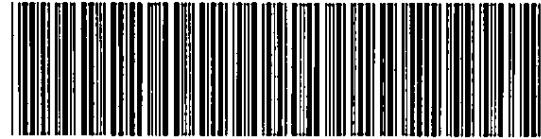
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000059374

Office Use Only



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04/30/21--01005--003 **78.75

05/19/21--01005--001 **900.00

2021 MAY 18 PM 3:13
CLERK OF COURT
TALLAHASSEE, FL

CS
5/18/21

CARSE LIMITED PARTNERSHIP #1
1700 South Bumby Avenue
Orlando, FL 32806

May 13, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Attention: Yvette Scott, Document Specialist II

Re: Applications for Registration of Foreign Entities:
Carse Associates, Inc., a Nevada corporation, and
Carse Limited Partnership #1, a Colorado limited partnership
Ref Numbers: W21000059372 and W21000059374

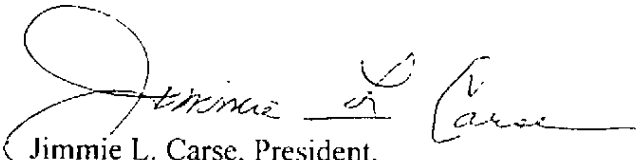
Dear Ms. Scott:

As requested by you in your telephone conference of May 13, 2021, with Mr. Tom Ball, enclosed are the applications for registration of Carse Associates, Inc., a Nevada corporation ("CAI"), and Carse Limited Partnership #1, a Colorado limited partnership ("CLP #1"), to transact business in Florida, together with a check made payable to The Florida Department of State in the sum of \$900.00, which sum represents the late annual filing fee of \$400.00 and civil penalty of \$500.00 we discussed.

The application for CAI has been corrected to show the sole general partner's address. .

If you have any questions regarding these filings and payments please contact G. Thomas Ball as follows: Mobile number 407.766.5711; email: tball@bakerlaw.com.

Sincerely,


Jimmie L. Carse, President,
Carse Associates, Inc, General Partner

RECEIVED
MAY 17 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARSE ASSOCIATES, INC., a Nevada corporation for profit
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHERI L. CARSE

Name of Person

CARSE ASSOCIATES, INC.

Firm/Company

1700 S. BUMBY AVE.

Address

ORLANDO, FL 32806

City/State and Zip code

ccarse926@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERI L. CARSE

at (407) 222-3047

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. CARSE ASSOCIATES, INC., a Nevada corporation for profit
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEVADA 3. 59-3528220
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/31/1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. JUNE 2, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1700 S. BUMBY AVE., ORLANDO, FL 32806
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CHERI L. CARSE
- Office Address: 2799 MARIA ISABEL AVE
- ORLANDO, Florida 34761
(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.

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

A. DIRECTORS

☐ Chairman Name: JIMMIE L. CARSE
☐ Vice Chairman Address: 1700 S. BUMBY AVE.
☒ Director ORLANDO, FL 32806
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. 
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.

13. JIMMIE L. CARSE, PRESIDENT
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CARSE ASSOCIATES, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/31/1998, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/17/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202103171516111

You may verify this certificate
online at <http://www.nvsos.gov>