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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Carters Manor, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kenneth M. Turnipseed

Name of Person

Carters Manor, LLC

Firm/Company

P.O. Box 758

Address

Moultrie, Georgia 31776

City/State and Zip Code

jack@susie-qs.com

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

For further information concerning this matter, please call:

Kenneth M. Turnipseed

229

985-1590

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

Griffin-Greaux, Consina

From: Karina Gutierrez <kgutierrez@wccgalaw.com>
Sent: Wednesday, January 5, 2022 1:23 PM
To: Griffin-Greaux, Consina
Cc: Ken Turnipseed
Subject: Carters Manor, LLC - Foreign Entity Status

Importance: High

EMAIL RECEIVED FROM EXTERNAL SOURCE

Good afternoon, please accept this email as confirmation that we did erroneously set up Carters Manor, LLC as a Florida entity and then dissolved voluntarily as soon as we realized our mistake.

We would like to set this up as a Foreign Entity operating in the State of Florida. Thank you for your attention to this matter.

Sincerely,

Karina Gutierrez
WHELCHER & CARLTON, LLP
26 2nd Avenue S.W. | Moultrie, GA 31768
P.O. Box 758 (31776)
Phone: (229) 985-1590
Fax: (229) 985-0946
kgutierrez@wccgalaw.com

IRS CIRCULAR 230 DISCLOSURE: Unless explicitly stated to the contrary, this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

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**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:

1. Carters Manor, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/10/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2410 Highway 122 6. P.O. Box 2300
(Street Address of Principal Office) (Mailing Address)

Thomasville, Georgia 31757 Thomasville, Georgia 31799

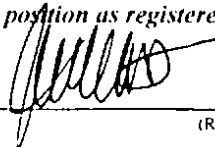
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jack Smith
Office Address: 11 Jungleplum Ct. W
Homosassa 34446
_____, Florida _____
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, 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:**

☐ Manager Name: Mukesh B. Patel

☒ Member Address: P.O. Box 2300

☐ Authorized Thomasville, GA 31799

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jitendra A. Patel

☒ Member Address: P.O. Box 2300

☐ Authorized Thomasville, Ga 31799

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Lalji A. Patel

☒ Member Address: P.O. Box 2300

☐ Authorized Thomasville, Ga 31799

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Balvant Mistry

☒ Member Address: P.O. Box 2300

☐ Authorized Thomasville, GA 31799

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

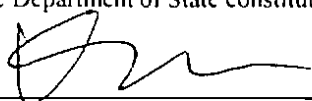
Person _____

☐ 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

Kenneth M. Turnipseed

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that _____

Carters Manor, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22124091
Date Inc/Auth/Filed: 03/04/2019
Jurisdiction : Georgia
Print Date : 12/15/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State