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(City/State/Zip/Phone #)

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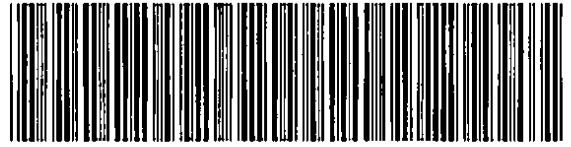
(Business Entity Name)

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STATE  
FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Carter Douglas Properties, LLC - DBA Health Care Concierge  
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:

Nicole Carter

Name of Person

Carter Douglas Properties, LLC DBA Health Care Concierge  
Firm/Company

8000 Wallon Parkway Suite 240  
Address

New Albany, Ohio 43054  
City/State and Zip Code

Nicole Carter 1113 @ Yahoo.com

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

For further information concerning this matter, please call:

Nicole Carter

Name of Contact Person

at ( 614 ) 531-3379

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2022

NICOLE CARTER  
8000 WALTON PKWY STE 240  
NEW ALBANY, NY 43054

SUBJECT: CARTER DOULGAS PROPERTIES, LLC  
Ref. Number: W22000048943

We have received your document for CARTER DOULGAS PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 322A00008546

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Carter Douglas Properties, 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. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Federal EIN: 05-0549837  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 8000 Walton Parkway Suite 240  
(Street Address of Principal Office)

6. 8000 Walton Parkway Suite  
(Mailing Address)

New Albany, Ohio  
43054

New Albany, Ohio  
43054

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

Name: Rebecca S. Carter

Office Address: 1421 Gulf Blvd. #407

Clearwater, FL, Florida 33767  
(City) (Zip code)

FILED  
2022 AUG - 5 PM 4:01  
STATE OF FLORIDA  
CLERK OF THE COURT

**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.

Rebecca S. Carter  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Eric Carter</u>	<input type="checkbox"/> Manager	Name: <u>Rebecca S Carter</u>
<input type="checkbox"/> Member	Address: <u>8000 Walton Parkway</u>	<input type="checkbox"/> Member	Address: <u>1621 Gulf Blvd</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 240 New Albany Ohio</u>	<input checked="" type="checkbox"/> Authorized	<u>#407</u>
Person	<u>43054</u>	Person	<u>Clearwater, FL 33767</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Nicole Carter</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8000 Walton Parkway</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 240 New Albany Ohio</u>	<input type="checkbox"/> Authorized	_____
Person	<u>43054</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Nicole A Carter  
Signature of an authorized person

Nicole A Carter  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CARTER DOUGLAS PROPERTIES, LLC, an Ohio Limited Liability Company, Registration Number 1402965, was organized in the State of Ohio on July 31, 2003, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 5th day of July, A.D. 2022.*

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202218605662