

L16000217395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

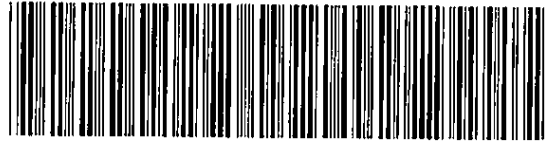
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000421347590

RECEIVED
2024 FEB 28 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 FEB 28 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CARIBBEAN TOURS USA LLC

Please Debit FCA000000003 For: 55

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

CARIBBEAN TOURS USA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIK LICHTER

Name of Person

THE LICHTER LAW GROUP

Firm/Company

5805 BLUE LAGOON DR, SUITE 178

Address

MIAMI, FL 33126

City/State and Zip Code

ERIK@THELICHTERLAWGROUP.COM

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

For further information concerning this matter, please call:

ERIK LICHTER

305 894-6750
at ()

Name of 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

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: CARIBBEAN TOURS USA LLC

SECOND: The Florida Document Number of the limited liability company is: L16000217395

THIRD: The street address of the limited liability company's principal office is:

5805 BLUE LAGOON DR, SUITE 178, MIAMI, FL 33126

The mailing address of the limited liability company's principal office is:

5805 BLUE LAGOON DR, SUITE 178, MIAMI, FL 33126

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: N/A

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: RUEFENACHT, RETO DANIEL, AS MANAGER AND
LEGAL REPRESENTATIVE OF THE COMPANY.

b. No authority granted to: _____

Reto Daniel Ruefenacht

Signature of authorized representative

RUEFENACHT, RETO DANIEL

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

CR2E138 (2/14)

FILED
2024 FEB 28 AM 10:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTARY ACKNOWLEDGMENT

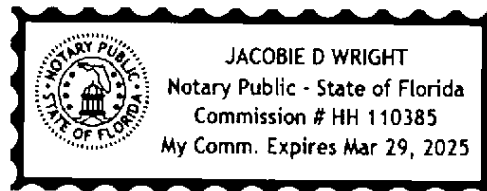
STATE OF Florida

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of ☐ physical presence
or ☒ online notarization, this 6 day of February 2024, by Reto Daniel Ruefenacht.

(Seal)

J. D. Wright Jacobie D Wright
Signature of Notary Public
Print, Type/Stamp Name of Notary



Personally known: _____

OR Produced Identification: ☒ _____

Type of Identification Produced: Passport _____

Completed via Remote Online Notarization using 2 way Audio/Video technology.