

L1500001751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

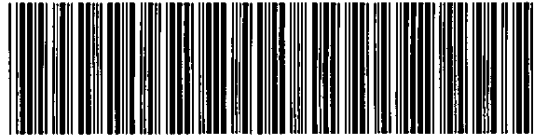
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2015 AUG 20 P 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2015

EVA MARIA KARLSSON  
840 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304

SUBJECT: KARLSSON MANAGEMENT GROUP LLC  
Ref. Number: L15000101751

We have received your document for KARLSSON MANAGEMENT GROUP LLC and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

There is a fee of \$25.00 due.

NO CHECK WAS INCLUDED WITH DOCUMENT

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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 815A00013648

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Karlsson Management Group 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:

Eva Maria Karlsson  
Name of Person

Karlsson Management Group LLC  
Firm/Company

840 NE 20th Avenue  
Address

Fort Lauderdale FL. 33304  
City/State and Zip Code

info@syig.co  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva Maria Karlsson at (754) 234-4325  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: Karlsson Management Group LLC

SECOND: The Florida Document Number of the limited liability company is: L15000101751

THIRD: The street address of the limited liability company's principal office is:  
840 NE 20th Avenue  
Fort Lauderdale FL. 33304

The mailing address of the limited liability company's principal office is:  
840 SE 20th Avenue  
Fort Lauderdale FL. 33304

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: Eva Maria Karlsson, Member

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: Eva Maria Karlsson, Member

b. No authority granted to: \_\_\_\_\_

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TALLAHASSEE, FLORIDA



Signature of authorized representative

Eva Maria Karlsson

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)