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COVER LETTER

Registration Section Division of Corporations CARLSON EARLY TRAVEL GROUP, LLC SUBJECT: 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: KARL BURGUNDER Name of Person KARL A BURGUNDER, ATTORNEY AT LAW, PL Firm/Company 1490 SWANSON DRIVE, STE. 200 Address **OVIEDO, FL 32765** City/State and Zip Code karl@cfbizlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KARL BURGUNDER 366-3555 Daytime Telephone Number Name of Person

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

TO:

' STATEMENT OF AUTHORITY

FIRST: The name	of the limited liability company is: CARLSON EARLY TRAVEL GR	ROUP, LLC	
SECOND: The Flo	rida Document Number of the limited liability company is: L1600014716	§1 	
THIRD: The street	address of the limited liability company's principal office is: FOUR DRIVE		
WINTER	R SPRINGS, FL 32708	- -	
The maili	ng address of the limited liability company's principal office is:	- -	
position of a person person on the follow 1. May ex	tement of authority grants or sets limitations of authority on all persons havir in a company, whether as a member, transferee, manager, officer or otherwise ing: Execute an instrument transferring real property held in the name of the company o	e or to a specific	- The residence of the second
a.	EARLY, BUT ONLY IF ACTING JOINTLY	- 100 AM	e de la companya de l
ь.	No authority granted to: ANY OTHER PERSON	SEATE SEATE	Services Services
2. May e	nter into other transactions on behalf of, or otherwise act for or bind, the com Granted to: ANNETTE CARLSON AND ELIZABETH J. EARLY, BUT ONLY IF ACTING JOINTLY	– pany. –	
ъ.	No authority granted to: ANY OTHER PERSON	-	
1		_	

Certified Copy: \$30.00 (optional)

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