

L16000217395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

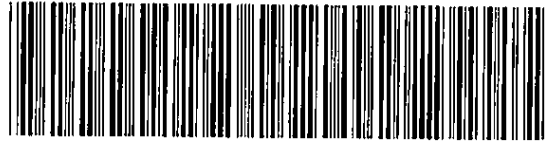
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

FILED
2024 FEB 28 AM 10:36
DEPARTMENT 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

SUBJECT: 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: _____

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

NOTARY ACKNOWLEDGMENT

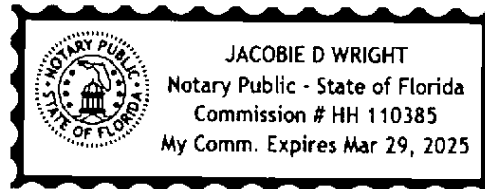
STATE OF Florida

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.