

L24000451956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

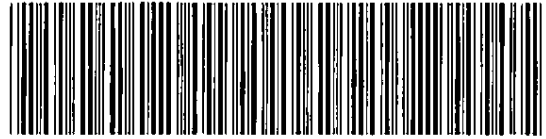
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2024 NOV -6 PM 4:19
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBE MEXICO TOURS 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 J. LICHTER
Name of Person

ERIK J. LICHTER, P.A.
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 J. LICHTER 305 394-6750
Name of Person at 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:

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FIRST: The name of the limited liability company is: CARIBE MEXICO TOURS LLC

STATE OF FLORIDA
CLERK OF THE COURT

SECOND: The Florida Document Number of the limited liability company is: 124000451956

THIRD: The street address of the limited liability company's principal office is
2529 W 70TH PL, HIALEAH, FL 33016.

The mailing address of the limited liability company's principal office is:
9737 NW 41st ST, SUITE 140, MIAMI, FL 33178

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: OLIVER ANDREAS LANG, AS MANAGER AND LEGAL REPRESENTATIVE OF THE COMPANY.

b. No authority granted to: OTHER PERSON OR ENTITY.


Signature of authorized representative

OLIVER ANDREAS LANG
Typed or printed name of signature

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