

104 0000 21134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

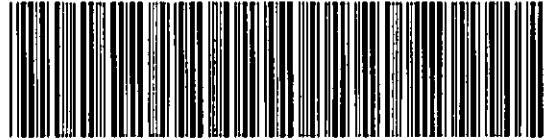
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAR 17 2022

Office Use Only



500383283115

03/09/22--01008--012 **25.00

FILED
2022 MAR -9 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NEXUS CAPITAL PROPERTIES, LLC**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and filing fee of \$25.00 is submitted for filing. Please return all correspondence concerning this matter to the following:

CRAIG A. PISARIS-HENDERSON

Name of Manager

NEXUS CAPITAL PROPERTIES, LLC

Name of Company

8595 College Parkway

Address of Company

FT Myers, FL 33919

City/State and Zip Code

CAPH1@ME.COM

E-mail Address of Manager

For further information concerning this matter, please call:

Tiffany Pride at 941-627-1000 Ext 2016

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This instrument Prepared By and Return To:
WIDEIKIS, BENEDICT & BERNTSSON, LLC - THE BIG W LAW FIRM
John L. Wideikis, Esq.
3195 S. Access Road
Englewood, FL 34224
2022-50150JLW

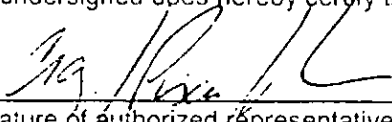
FILED
2022 MAR -9 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FL

POST DISSOLUTION STATEMENT OF AUTHORITY

Pursuant to 605.0302, Florida Statutes, this limited liability company submits the following statement of authority on this 25 day of February, 2022, and same shall be effective for a period of five (5) years from the date of this Statement unless sooner terminated as so permitted by law:

- FIRST:** The name of the limited liability company is: **NEXUS CAPITAL PROPERTIES, LLC, a Florida limited liability company**
- SECOND:** The Florida Document Number of the limited liability company is: **L04000021134**
- THIRD:** The street address of the limited liability company's principal office is: **8595 College Parkway, FT Myers, FL 33919**
- The mailing address of the limited liability company's principal office is: **8595 College Parkway, FT Myers, FL 33919**
- 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 matters enumerated below:
1. May execute instruments transferring real and personal property held in the name of the company, including by way of example and not by way of limitation, Warranty Deeds, Closing Statements, Bills of Sale, Closing Affidavits and Certificates, and Closing Statement Addendums.
 - a. Granted to: **CRAIG A. PISARIS-HENDERSON**, as Manager.
 - b. No authority granted to:
 2. May enter into other transactions on behalf of the company, or otherwise act for or bind the company in all matters, including by way of example and not by way of limitation, the pledge of company property by mortgage, security agreement or otherwise; the borrowing of money on behalf of the company through execution of promissory notes or otherwise; the execution of guaranties on behalf of the company; and the execution of any other loan documents on behalf of the company.
 - a. Granted to: **CRAIG A. PISARIS-HENDERSON**, as Manager.
 - b. No authority granted to:

The undersigned does hereby certify the accuracy of the statements set forth herein.

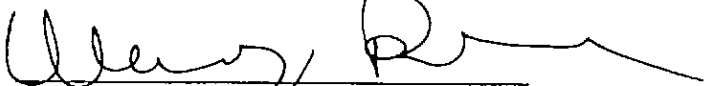

Signature of authorized representative

CRAIG A. PISARIS-HENDERSON, as Manager
Printed name and position title

STATE OF FL

COUNTY OF Lee

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this 25 day of February 2022 by CRAIG A. PISARIS-HENDERSON, as Manager of NEXUS CAPITAL PROPERTIES, LLC, a Florida Limited Liability Company, who is/are personally known to me or who has/have produced FDL # P262101693058 as identification and who did take an oath.


Notary Public, State of
My Commission Expires:
(Seal)

