

L10000053092

(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



500284870935

04/26/16--01029--015 \*\*25.00

FILED

2016 APR 26 A 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 27 2016

3 MASON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**NATIONWIDE CAPITAL INVESTMENT 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:

**Boris Topilyer**

\_\_\_\_\_  
Name of Person

**NATIONWIDE CAPITAL INVESTMENT GROUP , LLC**

\_\_\_\_\_  
Firm/Company

**12995 S Cleveland ave Suite 248**

\_\_\_\_\_  
Address

**Fort Myers FL 33907**

\_\_\_\_\_  
City/State and Zip Code

**btopik@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Boris Topilyer**

**239**

**603-4203**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: NATIONWIDE CAPITAL INVESTMENT GROUP, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L10000053092

**THIRD:** The street address of the limited liability company's principal office is:  
12995 S Cleveland ave Suite 248 Fort Myers FL 33907

The mailing address of the limited liability company's principal office is:  
12995 S Cleveland ave Suite 248 Fort Myers FL 33907

**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.

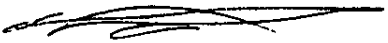
a. Granted to: Boris Topilyer

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: Boris Topilyer

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

  
Signature of authorized representative

Boris Topilyer

Typed or printed name of signature

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

2018 APR 26 A 9:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED