L11000069400

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nestige Premier in vestments Dyuperties U
Dear Sir or Madam:
The enclosed Statement of Authority and fcc(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person STO3 RED Bug Lake RD Firm/Company
#327 Address
WINTER Springs, FL 32708-4969 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 1107 837 - 7266

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Daytime Telephone Number

Area Code

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: Prestife Premier Interferent SILC SECOND: The Florida Document Number of the limited liability company is: 4 100069400
THIRD: The street address of the limited liability company's principal office is:
5703 Red Bug lix Rd #327 Winter Springs, Fl 32708
The mailing address of the limited liability company's principal office is: 5703 Red Bug Lake Rd #327 Winter Springs, FL 32708
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: AAAAMI
(NASRIN Kyani)
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: No. SRIN KYANI
b. No authority granted to:
Signature of authorized representative Typed or printed name of signature
Filing Fee: \$25.00 Certified Conv. \$30.00 (ontional)

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