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## **COVER LETTER**

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TO:

**Registration Section** 

Div	ision of Corporations			ŧ		
SUBJECT:	Nationwide Capital Services, LLC					
SUBJECT.		Name of Limited Liability	Company			
The enclosed Existence, an	1 "Application by Foreign Limited Lial and check are submitted to register the a	bility Company for Authorizabove referenced foreign lim	zation to Tra sited liability	ansact Business in Florida," Go y company to transact busines:	ertificate of s in Florida	
Please return	all correspondence concerning this m	atter to the following:				
	Nicole Soper					
	Name of Person					
	Nationwide Capital Services, LLC					
	Firm/Company					
	284C E. Lake Mead Parkway					
	Address					
	Henderson, NV, 89015					
		City/State and Zip Cod	e		ı	
	nationwidecapitalservices@gmail.	.com			1	
	E-mail address:	(to be used for future annu-	al report no	tification)		
For further is	nformation concerning this matter, plea	ase call:				
Nic	ole Soper	702 at (	840-07	18	ļ	
	Name of Contact Person		e Day	time Telephone Number	1	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
	a check for the following amount: \$125,00 Filing Fee	2	-	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	USINESS IN THE STATE OF FLORIDA:		
Nationwide Capital Se		"Limited Liability Company," "L.L.C.," or "LLC.")	<u> </u>
ICS & Associates, LLC	. man and any company, man member	Lines Listing Company, Lines, or 110.	- }
•	name adopted for the purpose of transacting busine	ess in Florida. The elemente name must include "Limited Limbility Company," "L.L.C."	<u> </u>
Nevada		3. 82-3093527	
(Jurisdiction under the law of w	hich foreign limited liability company is organized	f) (FEI number, if applicable)	<del>-                                    </del>
10/19/2017			
	(Date first transacted business in Florids, if (See sections 605,0904 & 605,0905, P.S. &	prior to registration.) o determine penalty (hability)	
Nationwide Capital Se	rvices, LLC	6. Nationwide Capital Services, LLC	
(Street Address of		(Mailing Address)	<del></del>
284C E. Lake Mead Pa	<del></del>	284C E. Lake Mead Parkway	<u>- 73</u>
Henderson, NV 89015		Henderson, NV 89015	힣
			<u>;</u> }_
Name and street address	ss of Florida registered agent: (P.O	). Box NOT acceptable)	M. History
Name:	Corporation Service Company		[·
a vestado.			 
Office Address:	1201 Hays Street		1
	Tallahassee	, Florida 32301	1
	(City)	(Zip code)	
comply with the provisi	tion, i hereby accept the appointm	ce of process for the above stated limited liability company tent as registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I am fact.	Complement of
comply with the provisi	tion, I hereby accept the appointmons of all statutes relative to the proson of my position as registered agen	tent as registered agent and agree to act in this capacity. I roper and complete performance of my duties, and I am fact.  Holly Jones  Assistant Vice President	Complement of
comply with the provisi d accept the obligations	tion, I hereby accept the appointmions of all statutes relative to the particle of my position as registered agen	tent as registered agent and agree to act in this capacity. I roper and complete performance of my duties, and I am fail.  Holly Jones  Assistant Vice Presider:	Complement of
comply with the provisions discrept the obligations  The name, title or capa	city and address of the person(s) with the person of all statutes relative to the person of my position as registered agen (Registered agen)	Holly Jones  Assistant Vice Presider:  the has/have authority to manage is/are:	Complement of
the name, title or capa	tion, I hereby accept the appointmions of all statutes relative to the particle of my position as registered agen	tent as registered agent and agree to act in this capacity. I roper and complete performance of my duties, and I am fail.  Holly Jones  Assistant Vice Presider:	further a
d accept the obligations  The name, title or capa	city and address:  Nicole Soper	Holly Jones  Assistant Vice Presider  the has/have authority to manage is/are:  Title or Capacity;  Name and Addresses repeated to act in this capacity. If the capacity is the capacity in the capacity in the capacity is the capacity in the capacity in the capacity in the capacity is the capacity in th	further a
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The name, title or caparatite or Capacity:  Managing Member  Attached is a certificate of selection under the law of the translator must be sub-	city and address of the person(s) with the person of all statutes relative to the person of my position as registered agen (Registered agen) (Registered age	Holly Jones  Assistant Vice Presider  Title or Capacity:  Name and Addr  Namy  Name and Addr  Namy  Name and Addr  Name and Ad	ess:
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SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NATIONWIDE CAPITAL SERVICES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 11, 2017, and is in good standing in this state.

TALL OF THE STATE OF THE STATE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 18, 2017.

Balloca K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171018-1649
You may verify this electronic certificate
online at http://www.nvsos.gov/