

W10 000107596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

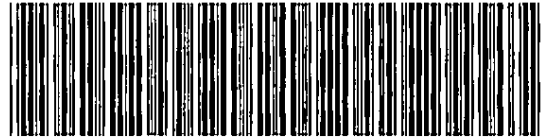
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIC GROUP USA 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:

RACHEL COLLINS
Name of Person

PRICE & ASSOCIATES CERTIFIED PUBLIC ACCOUNTANTS LLC
Firm/Company

266 WILSHIRE BLVD, STE 159
Address

CASSELBERRY FL 32707
City/State and Zip Code

rachela@pricebussolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Collins at (407) 792 2672
Name of Person 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:

FIRST: The name of the limited liability company is: BRL GROUP USA LLC

SECOND: The Florida Document Number of the limited liability company is: 210000107596

THIRD: The street address of the limited liability company's principal office is:

266 WILSHIRE BLVD, STE 159
CASSELBERRY FL 32009

The mailing address of the limited liability company's principal office is:

266 WILSHIRE BLVD, STE 159
CASSELBERRY FL 32009

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.

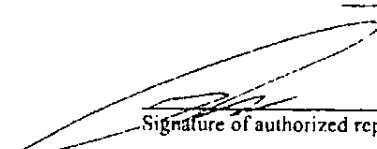
a. Granted to: Tim E. Price

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: Tim E. Price

b. No authority granted to: _____


Signature of authorized representative

ROBERTUS VAN KUNIK
Typed or printed name of signature

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