

L17000055517

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Investment 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:

Harry G. Reid, III

Name of Person

Harry G. Reid, III, P.L.

Firm/Company

1120 W. First Street, Suite B

Address

Sanford, Florida 32771

City/State and Zip Code

harry@hg Reid.com

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

For further information concerning this matter, please call:

Harry G. Reid, III

407

321-3911

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

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## 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 **Capital Investment USA, LLC**

**SECOND:** The Florida Document Number of the limited liability company is: **L17000055517**

**THIRD:** The street address of the limited liability company's principal office is:  
**7353 Winding Lake Circle, Oviedo, Florida 32765**

The mailing address of the limited liability company's principal office is:  
**7353 Winding Lake Circle, Oviedo, Florida 32765**

**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. Either of the following may execute an instrument transferring real property held in the name of the company:

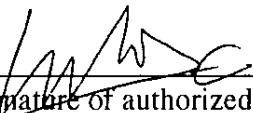
- a. Granted to: Tarek M. Sibai, AMBR  
Emad M. Sibai, AMBR

**EACH OF THE ABOVE HAVE FULL AUTHORITY**

2. Either of the following may enter into other transactions on behalf of, or otherwise act for or bind, the company:

- a. Granted to: Tarek M. Sibai, AMBR  
Emad M. Sibai, AMBR

**EACH OF THE ABOVE HAVE FULL AUTHORITY**

  
\_\_\_\_\_  
Signature of authorized representative

EMAD M. SIBAI  
\_\_\_\_\_  
Typed or printed name of signature

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