

# LOS00007944A

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : 120040090031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SS SABANNAH LLC

Certificate of Status	0
Certified Copy	1
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77:1 PM 9-10-2023

OFFICE STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SS Sabannah 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:

Naomi Ostopowicz

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

Registered Agent Solutions, Inc.

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

100 Wall Street, Suite 1401

\_\_\_\_\_  
Address

New York, NY 10005

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

corporateteam5@rasi.com

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

For further information concerning this matter, please call:

Naomi Ostopowicz

800

906-9220

at ( )

\_\_\_\_\_  
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: SS Sabannah LLC

SECOND: The Florida Document Number of the limited liability company is: L05000079449

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

c/o Mashaal & Associates PLLC

100 Park Avenue, 16th Floor

New York, NY 10017

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

c/o Mashaal & Associates PLLC

100 Park Avenue, 16th Floor

New York, NY 10017

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: David R. Mashaal (as provided in the attached Exhibit A)

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: \_\_\_\_\_

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

  
Signature of authorized representative

Sabah Shomol

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CONSENT OF SOLE MEMBER

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, being the sole member of SS SABANNAH LLC (the "LLC"), does hereby consent and agree:

1. That the LLC sell and convey that certain premises known as 7209 S Orange Blossom Trail, Orlando, FL 32809-5718 (the "Premises"), and that the LLC ratify that certain Contract of Sale dated as of August 31, 2023 between The Siegel Group Nevada, Inc., as purchaser (the "Purchaser"), and DM Sabannah LLC, RA Sabannah LLC, SS Sabannah LLC, and Orange Blossom Associates LLC, as seller, as amended by that certain First Amendment to Purchase Agreement dated as of September 23, 2023 and that certain Second Amendment to Purchase Agreement dated as of September 28, 2023 (such Contract of Sale, as amended, being referred to herein as the "Contract"), with respect the sale of the Premises; and
2. That the LLC execute and deliver to Purchaser and/or First American Title Insurance Company any and all instruments, certifications or documents consummating, evidencing or otherwise relating to the Contract
3. That David R. Mashaal is authorized to file a Statement of Authority with the Division of Corporations of the Florida Secretary of State for purposes of making David R. Mashaal an Authorized Signatory for conveyance and closing of the transaction referenced herein.
4. That Sabah Shemel, as sole member, or David R. Mashaal, as Authorized Signatory, are each individually authorized on behalf of the LLC to execute and deliver the Contract and execute and deliver any and all documents, instruments, certificates and agreements deemed necessary or appropriate by either of them in connection with the Contract on behalf of the LLC and take any other action deemed necessary or appropriate by any of them in connection with the Contract and direct payment of any proceeds of any funds on behalf of the LLC pursuant to the Contract

[Signature Page Follows]

IN WITNESS WHEREOF, we have hereunto signed our names as of this 6<sup>th</sup> day of October, 2023.



SABAH SHEMEL, Sole Member