

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000051
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
ORANGE BLOSSOM ASSOCIATES LLC**

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orange Blossom Associates 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 OSTOPOWITZ

Name of Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

100 WALL STREET, SUITE 1401

Address

NEW YORK, NY 10005

City/State and Zip Code

CORPORATE TEAM5@RASI.COM

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

For further information concerning this matter, please call:

NAOMI OSTOPOWITZ

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: Orange Blossom Associates LLC

SECOND: The Florida Document Number of the limited liability company is: L05000079454

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

Ilan Goldstein

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 ORANGE BLOSSOM ASSOCIATES 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 Ilan Goldstem, 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 6th day of October, 2023.



ILAN GOLDSTEIN, Sole Member