

POS000110532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

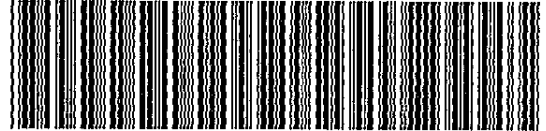
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900064279019

01/24/06 -01030 --002 **35.00

FILED

06 JAN 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

et of

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M & SAMARA GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000110532

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE AL-SAMARA

(Name of Person)

M & SAMARA GROUP, INC.

(Name of Firm/Company)

7517 ADVANTAGE COURT

(Address)

JACKSONVILLE, FLORIDA 32277

(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE AL-SAMARA

(Name of Person)

at (904) 537-0790

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARK JOSEPH, hereby resign as PRESIDENT
(Title)

of M & SAMARA GROUP, INC.
(Name of Corporation)

P05000110532, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

George Samara For Mark Joseph
(Signature of resigning officer/director)

06 JAN 24 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

General Power of Attorney

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Mark S. Joseph
of _____
the undersigned Grantor (hereinafter Principal), do hereby make and grant a general power of attorney to George
Al-Samara of _____
and do thereupon constitute and appoint said individual as my Attorney-in-Fact/Agent.

If my Agent is unable to serve for any reason, I designate _____
of _____, as my successor Agent.

My Attorney-in-Fact/Agent shall act in my name, place and stead in any way that I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of each box below with respect to each of the subdivisions (A) through (N) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- [☒] (A) Real estate transactions
- [☒] (B) Tangible personal property transactions
- [☒] (C) Bond, share and commodity transactions
- [☒] (D) Banking transactions
- [☒] (E) Business operating transactions
- [☒] (F) Insurance transactions
- [☒] (G) Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- [☒] (H) Claims and litigation
- [☒] (I) Personal relationships and affairs
- [☒] (J) Benefits from military service

- ☒ (K) Records, reports and statements
- ☒ (L) Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
- ☒ (M) Access to safe deposit box(es)
- ☒ (N) All other matters

Durable Provision:

- ☐ (O) If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.

Other Terms: _____

My Attorney-in-Fact/Agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 19 day of December, 20 05

Signed in the presence of: Ida Brewer Notary

Ida Brewer
Witness

Witness

[Signature]
Grantor (Principal)

[Signature]
Attorney-in-Fact/Agent

State of Florida
County of Duval

On 12-19-2005, before me, Mark Joseph
appeared _____, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Ida Brewster
Signature of Notary



Ida Brewster
Commission #DD30798
Expires: Apr 07, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

Affiant Known Ida Brewster
Type of ID Commission #DD307989
(Seal) Expires Apr 07, 2008
Bonded Thru
Atlantic Bonding Co., Inc.