

8/11/23, 3:08 PM

Division of Corporations

Florida Department of State  
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Division of Corporations  
Fax Number : (850)617-6381

From:

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Account Number : I20190000058  
Phone : (407)574-5009  
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**FLORIDA LIMITED LIABILITY CO.  
POKEMOTO DR. PHILLIPS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

POKEMOTO DR. PHILLIPS, LLC

**ARTICLE II - Address**

The street address of the principal office of the Limited Liability Company is:

5764 North Orange Blossom Trail 301,  
Orlando, FL 32810

The mailing address of the Limited Liability Company is:


5764 North Orange Blossom Trail 301,  
Orlando, FL 32810

**ARTICLE III - Registered Agent and Office and Registered Agent's Signature**

The name and the Florida street address of the registered agent is:

POKEMOTO FL, LLC  
5764 North Orange Blossom Trail 301,  
Orlando, FL 32810

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By:   
(Registered Agent's Signature)  
Mazine Alaoui Ismaili  
Manager

**FILED**  
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CLERK OF CIRCUIT COURT  
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**ARTICLE IV – Authorized Person(s)**

The name and address of a person authorized to manage this Limited Liability Company is:

Title: MGR  
POKEMOTO FL, LLC  
5764 North Orange Blossom Trail 301,  
Orlando, FL 32810

**ARTICLE V – Effective Date**

The effective date for this Limited Liability Company shall be:

August 11, 2023.



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Mazine Alaoui Ismaili

(Signature of a member or an authorized representative of a member)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155 F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**FILED**  
2023 AUG 11 PM 2:43  
CLERK OF COUNTY OF  
PALM BEACH, FLORIDA

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