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istration Section sion of Corporations			
DAKOMI LLC			
Name of	Limited Liability (ompany	•
all correspondence concerning this matter to the	following:		
Israel Mokadi			
<u></u>			-
Sunrock Real Estate Fund LLC			
]:			•
524 Datma St Suite 215			
	Address		
West Palm Beach, F1, 33401			
City/S			•
isi@wingatereal.com			
E-mail address: (to be use	d for future annual	report notification)	•
formation concerning this matter, please call,			
1 Mokadi	561	2604350	
Name of Contact Person	Area Code	Daytime Telephone Number	•
ILING ADDRESS:		STREET ADDRESS:	
SURTION Section Discussion			
thos 6527 thassec, FL 32314		2661 Executive Center Circle	
	Stration Section Sion of Corporations DAKOMI LLC Name of "Application by Foreign Limited Liability Complete are submitted to register the above refer all correspondence concerning this matter to the Israel Mokadi Sunrock Real Estate Fund LLC F 524 Datina St Suite 215 West Palm Beach, FL 33401 City/S isi@wingatereal.com E-mail address: (to be use formation concerning this matter, please call, 1 Mokadi Name of Contact Person	Name of Limited Liability Company for Authoriza A check are submitted to register the above referenced foreign limital correspondence concerning this matter to the following: Israel Mokadi Name of Person Sunrock Real Estate Fund LLC Firm/Company 524 Datum St Suite 215 Address West Palm Beach, FL 33401 City/State and Zip Code isi@wingatereal.com U-mail address: (to be used for future annual formation concerning this matter, please call, 1 Mokadi Name of Contact Person LING ADDRESS: storn of Corporations stration Section	Stration Section Sion of Corporations DAKOMELLC Name of Limited Liability Company "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;" check are submitted to register the above referenced foreign limited liability company to massact businal correspondence concerning this matter to the following: Israel Mokadi Name of Person Sunrock Real Esiste Fund LLC Finn/Company 524 Datara St State 215 Address West Palm Beach, FL 33401 City/State and Zip Code isi@wingatereal.com Temail address: (to be used for future annual sepert notification) immation concerning this matter, please call. 1 Mokadi Name of Contact Person LING ADDRESS; and of Corporations Box 5327 STREET ADDRESS; Devision of Corporations Registration Section Clifton Building

Tallahassee, FL 32301

Enclosed is a check for the following amount:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOBING IS SUBMITTED TO REGISTER A FOREIGN. HARRED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 DAKOMELLC			
(Name of For	agn Limited Liability Company; must include "	Limited Liability Company," T. L.C., 'or "	U.C.")
Liability Company "ALLC,	ternate name adopted for the purpose of transaction "LLCC")	ting business in Fiorida. The alternate mane	: must include "Limited
2.DELAWARE	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
.4	(Date first transpered business in Florid (See see mass 605-0904 & 605-0005 - US	and prior to registration 3	
93 I NAME THE LATERAL	(See sections 605,0904 & 605,0905, F.S.) A. STREET SUITE 200	to determine penalty liability)	
.1			
Wilmington, DE 19801	(Street Address of Principal O	Hice)	
6 524 Datura St. Suite 21	5		20
6 22 - 134444 1344 1344 134	•		2011 AF 6
West Palm Beach, FL. (33401		
	(Mailing Address)		
7. Name and street addres	is of Florida registered agent: (P.O. Box) \underline{N}	<u>(OT</u> acceptable)	12 PK 3 12
Name	Sarah Dorfman		-1
Office Address:	524 Datura St Suite 215		
	West Palm Beach	, Florida	
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the pravision	gistered agent and to accept service of pro tion, I hereby accept the appointment as ro ons of all statutes relative to the proper an my position as registered agent.	egistered agent and agree to act in this	capacity. I further agree
	(Registered agent)	s signature)	
8. The name, title or capa	enty and address of the person(s) who has/l	nave authority to manage (s/are)	
Israel Mokadi, manager			
· 			
	of existence, no more than 90 days old, dul of which it is organized. (If the certificate is ibmitted)		
		P	
	Signature of an author	orized psy on	
	in accordance with section 605 0203 (1) (b) the Department of State constitutes a third	e), Florida Statutes I am aware that any	
	Israel Mokadi		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DAKOMI LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAKOMI LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202311011

Date: 04-03-17

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