

**MI17000003188**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



**800298269658**

04/25/17--01005--003 \*\*25.00

RECEIVED  
2017 APR 24 PM 12:01  
S. Department of State  
TALLAHASSEE, FLORIDA

RECEIVED  
17 MAY 19 PM 2:59  
S. Department of State  
TALLAHASSEE, FLORIDA

O SIMMONS  
MAY 19 2017



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

April 26, 2017

**ISRAEL MOKADI**  
**524 DATURA ST**  
**STE 215**  
**WEST PALM BCH, FL 33401**

**SUBJECT: DAKOMI LLC**  
**Ref. Number: M17000003188**

We have received your document for DAKOMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY, but your entity is a FOREIGN LIMITED LIABILITY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

**Octavia I Simmons**  
**Regulatory Specialist II**

**Letter Number: 817A00008167**

3156  
2017 MAY 13 PM 1:27  
TALLahassee, FLORIDA  
DIVISION OF CORPORATIONS

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAKOMI LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Israel Mokadi

Name of Person

Dakomi LLC

Firm/Company

524 Datura St #215

Address

West Palm Beach FL 33401

City/State and Zip Code

isi@mokadi.com

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

For further information concerning this matter, please call:

Israel Mokadi

Name of Person

at ( 561 ) 2604350

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DAKOMI LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000003188

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/12/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Israel Mokadi	831 N Tatnall St #200	<input type="checkbox"/> Add
		Wilmington, DE 19801	<input checked="" type="checkbox"/> Remove
MGR	DAKOMI FIVE FOUNDATION	524 DATURA ST #215	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

17  
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8  
59

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Israel Mokadi

Typed or printed name of signee

Filing Fee: \$25.00