

L090000019383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

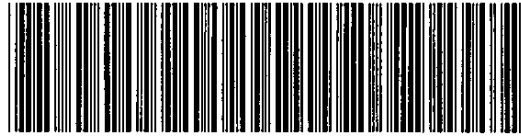
(Business Entity Name)

(Document Number)

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FILED
2015 AUG 24 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 26 2015

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: KAWA CAPITAL PARTNERS LLC

SECOND: The Florida Document Number of the limited liability company is: L09000019383

THIRD: The street address of the limited liability company's principal office is:
21500 BISCAYNE BLVD, SUITE 700
AVENTURA, FL 33180

The mailing address of the limited liability company's principal office is:
21500 BISCAYNE BLVD, SUITE 700
AVENTURA, FL 33180

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

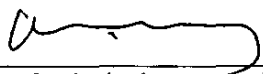
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.
a. Granted to: CRISTINA BALDIM

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: CRISTINA BALDIM

b. No authority granted to: _____



Signature of authorized representative

DANIEL ADES

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)