

209 000 619383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

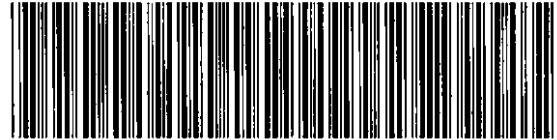
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700295408987

02/21/17--01015--018 *\$50.00

FILED
17 FEB 21 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kawa Capital Partners LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Name of Person
Kawa Capital Partners
Firm/Company
21500 Biscayne Blvd, Suite 700
Address
Aventure, FL 33180
City/State and Zip Code
DANIEL@KAWA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREMY TRASTER at (305) 5605236
Name of Person 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

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

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: CARLOS FELIPE LEMOS

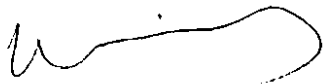
b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: CARLOS FELIPE LEMOS

b. No authority granted to: _____

FILED
17 FEB 21 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature of authorized representative

DANIEL ADES

Typed or printed name of signature

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