

LO9000019383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

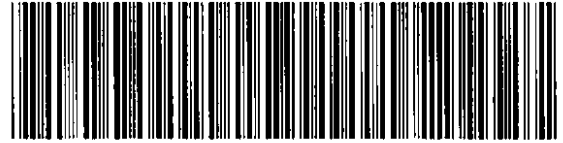
(Business Entity Name)

(Document Number)

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

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

February 15, 2017

Please find enclosed a \$50.00 check to pay for the two enclosed Statements of Authority.

Kristine Ascanio  
Kawa Capital Partners  
21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180  
Phone: 305-560-5213

**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: JEREMY TRASTER

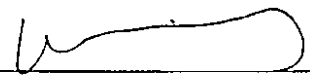
b. No authority granted to: \_\_\_\_\_

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

a. Granted to: JEREMY TRASTER

b. No authority granted to: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

  
Signature of authorized representative

DANIEL ADES  
Typed or printed name of signature

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