

M17000005640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

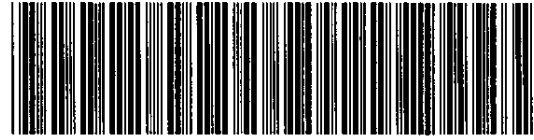
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/17--01003--012 **375.00

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17 JUN 29 PM 5: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

26975-21M

S. WARREN
JUL 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KCP PARMER MANAGER, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristine Ascanio

Name of Person

Kawa Capital Management

Firm/Company

21500 Biscayne Blv d. Ste 700

Address

Aventura, FL 33180

City/State and Zip Code

kristine@kawa.com

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

For further information concerning this matter, please call:

Kristine Ascanio

Name of Contact Person

at (305) 560-5213

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2017

KRISTINE ASCANIO
KAWA CAPITAL MANAGEMENT
21500 BISCAYNE BLVD STE 700
AVENTURA, FL 33180

SUBJECT: KCP PARMER MANAGER, LLC
Ref. Number: W17000050626

RECEIVED
2017 JUN 29 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KCP PARMER MANAGER, LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00012311

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KCP PARMER MANAGER, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. 35-2595584
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. has not yet done business in Florida
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

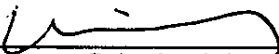
5. 21500 Biscayne Blvd. 6. 21500 Biscayne Blvd.
(Street Address of Principal Office) (Mailing Address)
Ste 700 Ste 700
Aventura, FL 33180 Aventura, FL 33180

7. Name and ~~street address~~ of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Kawa Capital Management, INC.
 Office Address: 21500 Biscayne Blvd. Ste 700
Aventura, Florida 33180
(City) (Zip code)

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 17 JUN 29 PM 5:12
 FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

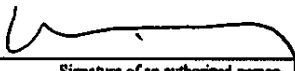

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Daniel Ades</u> <small>21500 Biscayne Blvd. Ste 700 Aventura, FL 33180</small>	<u>Authorized Signatory</u>	<u>Cristina Baldim</u> <small>21500 Biscayne Blvd. Ste 700 Aventura, FL 33180</small>
<u>Authorized Signatory</u>	<u>Alexandre Saverin</u> <small>21500 Biscayne Blvd. Ste 700 Aventura, FL 33180</small>	<u>Authorized Signatory</u>	<u>Carlos Felipe Lemos</u> <small>21500 Biscayne Blvd. Ste 700 Aventura, FL 33180</small>
		<u>Authorized Signatory</u>	<u>Jeremy Traster</u> <small>21500 Biscayne Blvd. Aventura, FL 33180</small>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daniel Ades
Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCP FARMER MANAGER, 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 TWELFTH DAY OF JUNE, A.D. 2017.

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



6414604 8300

SR# 20174695813

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202690668

Date: 06-12-17