

M17000006900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

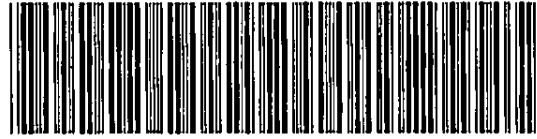
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200302013522

08/11/17--01003--021 ++250.00

FILED  
17 AUG 11 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JF*  
8/11/17



**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 1, 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 (Jurisdiction under the law of which foreign limited liability company is organized)      3. n/a (FEI number, if applicable)

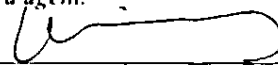
4. has not yet done business in Florida  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 21500 Biscayne Blvd. (Street Address of Principal Office)      6. 21500 Biscayne Blvd. (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)

**FILED**  
**17 AUG 11 PM 2:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

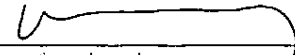
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Daniel Ades</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>	<u>Authorized Signatory</u>	<u>Cristina Baldim</u> <u>21500 Biscayne Blvd Ste 700</u> <u>Aventura FL 33180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

(Use attachments if necessary)

*Authorized Signatory*  
*Sprany Traster*  
2500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

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)

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.

  
Signature of an authorized person

Daniel Ades  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCP 1, 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 SECOND DAY OF AUGUST, A.D. 2017.



6475492 8300

SR# 20175531903

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 202989958

Date: 08-02-17