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COVER LETTER

TO:	Registration Section Division of Corporation	าร				
SUBJE	Celebration Lendco.	, LLC				
		Name o	f Limited Liability	Company	· · · · · · · · · · · · · · · · · · ·	
The en- Existen	closed "Application by For nee, and check are submitte	reign Limited Liability Cor d to register the above refe	mpany for Authorizatenced foreign limit	ation to Tr ited liabilit	ansact Business in Florida," C y company to transact busines	ertificate of s in Florida.
Please	return all correspondence of	concerning this matter to th	e following:			
	Kristine Ascani	υ				
		1	Name of Person			
	Kawa Capital M	lanagement, Inc.				
			Firm/Company			
	21500 Biscayne	Blvd. Suite 700				
			Address			
	Aventura, FL 3;	3180				
		City/	State and Zip Code			
	kristine@kawa.co	m				
		E-mail address: (to be us	ed for future annual	report no	tification)	
For furt	ther information concerning	g this matter, please call:				
	Tatjana Martin		305 at (560-52	16	
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the following S125.00 Filing Fee	ing amount: \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ıg Fee &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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. Celebration Lend (Name of I	co, LLC foreign Limit	red Liability Company; must include "Limited	Liability Company," "L.L.C.," or "Ll.C.")
(If name unavailable, enter al	ternate name a	dopted for the purpose of transacting business in Flori	ids. The alternate name must include "Limited Lie	bulling Commence and I Comment Com
2. Delaware			2	
(Jurisdiction under the l	aw of which fe	reign limited liability company is organized)	(FEI mun	ber, if applicable)
4		(Date first transacted business in Florida, if prior to re	egistration.)	
5 21500 Biscayne		(See sections 605 0904 & 605,0905, F.S. to determin	e penalty liability) 6. 21500 Biscayne Blvd.	
5. 21500 Biscayne (Street Add	ress of Princip	al Office)	6. (Mailing Add	dress)
Ste 700			Ste 700	
Aventura, FL 331	180		Aventura, FL 33180	<u> </u>
7. Name and street a		Florida registered agent: (P.O. Box	NOT acceptable)	TIL TIL
Name:	<u>Ka</u>	wa Capital Management, Inc.		第一 F 四
Office Add	ress: 215	500 Biscayne Blvd. Ste 700		- P
	Av	entura	Florida 33180 (Zip cod	基式 云
Registered agent's	a a a a m ta m a	(City)	(Zip cod	10 22
and accept the oblig	ations of i ——	of all statutes relative to the proper a ny position as registered agent. (Registered agent's sig)	
8. The name, title o Title or Capaci	r capacity tv:	and address of the person(s) who has Name and Address:	/have authority to manage is/are: Title or Capacity:	Name and Address:
Manager		Daniel Ades	Authorized Signatory	Cristina Baldim
		21500 Biscavne Blvd. Ste 700 Aventura FL 33180		21500 Biscavne Blvd. Ste 700 Aventura FL 33180
Authorized Sign	atory	Alexandre Saverin	Authorized Signatory	Carlos Felipe Lemos
		21500 Biscavne Blvd. Ste 700 Aventura FL 33180	Huthorized Signatory	21500 Biscavne Blvd. Ste 700
(Use attachments if	necessary)		Jeremy Truster 21500 Biscayne Blud Aventure, fl.31110	Ste las
Attached is a certification under the of the translator must	law of wh	cistence, no more than 90 days old, du nich it is organized. (If the certificate sted)	uly authenticated by the official ha	ving custody of records in the
10. This document is submitted in a docum	executed i	in accordance with section 605.0203 (Department of State constitutes a third	(1) (b). Florida Statutes. I am award degree felony as provided for in s	e that any false information s.817.155, F.S.
		Signature of	an authorized person	
		Signature of	on audiorized beiself	
	Dan	iel Ades		
		Typed or pr	rinted name of signee	·

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CELEBRATION LENDCO, 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 NINETEENTH DAY OF JANUARY, A.D. 2018.

e at corn delaware gov/aut

Authentication: 202002111

Date: 01-19-18

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "KCP 5, LLC", CHANGING ITS NAME FROM "KCP 5, LLC" TO "CELEBRATION LENDCO, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JANUARY, A.D. 2018, AT 12:03 O'CLOCK P.M.



Authentication: 202002136 Date: 01-19-18

6609500 8100 SR# 20180376674

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TO: 3027393812

PAGE: 2 of 2

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:03 PM 01/16/2018
FILED 12:03 PM 01/16/2018
SR 20180268657 - File Number 6609500

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate as follows:	of Formation of the limited liabilit	y company is hereby ar
	of the Limited Liability on Lendco, LLC.	Company is
IN WITNESS V	WHEREOF, the undersigned have day of January	executed this Certifica