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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

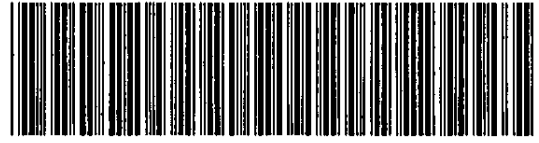
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 APR 12 AM 12:49
TALLAHASSEE, FLORIDA

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APR 16 2018

COVER LETTER

**TO: Registration, Section
Division of Corporations**

SUBJECT: KCP GOODYEAR MEMBER 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, Inc.
Firm/Company

21500 Biscayne Blvd. Suite 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:

Tatjana Martin at (305) 560-5216
Name of Contact Person 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

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 GOODYEAR MEMBER 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. _____ (FEI number, if applicable)

4. _____
(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)
Ste 700
Aventura, FL 33180

6. 21500 Biscayne Blvd.
(Mailing Address)
Ste 700
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)

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)

18 APR 2009 11:49 AM
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

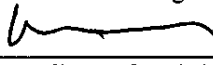
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<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> <i>Authorized Signatory</i> <i>Jeremy Traster</i> <i>21500 Biscayne Blvd. Ste 700</i> <i>Aventura, FL 33180</i>	<u>Carlos Felipe Lemos</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>

(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)

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

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCP GOODYEAR MEMBER 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 TENTH DAY OF APRIL, A.D. 2018.

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


FILED
18 APR 12 PM 4:49
SECRETARY OF STATE
ALEXANDER S. FLORIDA



6836250 8300

SR# 20182579991

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202487007

Date: 04-10-18


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 FORMATION OF "KCP GOODYEAR MEMBER LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF APRIL, A.D. 2018, AT 11:38 O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

6836250 8100
SR# 20182526369

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

Authentication: 202475254
Date: 04-09-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:38 AM 04/09/2018
FILED 11:38 AM 04/09/2018
SR 20182526369 - File Number 6836250

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is KCP Goodyear Member LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 160 Greentree Drive, Suite 101 (street), in the City of Dover, Zip Code 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is National Registered Agents, Inc.

By: 

Authorized Person

Name: Daniel Ades

Print or Type