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| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| , , ,                                   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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#### COVER LETTER

TO:

| ГО:    | Registration Section Division of Corporations  |
|--------|--|
| (UBJ   | KCP 9, LLC   |
|        | Name of Limited Liability Company  |
|        | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of<br>ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| lease  | 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)   |
| or fu  | ther information concerning this matter, please call:  |
|        | Tatjana Martin 305 560-5216 at ( )   |
|        | Name of Contact Person Area Code Daytime Telephone Number  |
|        | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                                     |
| Enclos | ed is a check for the following amount:  \$\Boxed{1} \text{S125.00 Filing Fee} \Boxed{1} \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status}  \$\Boxed{1} \text{Certified Copy} \text{of Status & Certified Copy}       |

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

IN COMPILANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate r  | ame adopted for the purpose of transacting business in Flo   | nda. The alternate name must i   | include "Limited Liabi   | hty Company," "L. I. C  | `," or "LLC")  |
|--|--|--|--|---|--|
| Delaware   |  | 3.   |  |   |  |
| (Jurisdiction under the law of w   | hich foreign limited liability company is organized)   |  | (FEI numbe   | r, it applicable)   |  |
|  |  |  |  |   |  |
|  | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine   | registration )<br>ne nenalty liability)  |  | <del></del>   | <br>60   |
| 21500 Biscayne Blvd.   |  | 6. 21500 Bisca   | vne Blvd.  | -   | =  |
| (Street Address of   | Principal Office)  | 0.   | (Mailing Addre   | (55)  |  |
| Ste 700  |  | Ste 700  |  |   | <u></u>  |
| Aventura, FL 33180   |  | Aventura, FL   | . 33180  |   | 760  |
|  |  |  |  | ب<br>اید<br>ایست  | ناه.   |
| Name and street address  | ss of Florida registered agent: (P.O. Box  | NOT acceptable)  |  |   | 61 }   |
| Name:  | Kawa Capital Management, Inc.  |  |  |   | ع  |
| Name.  |  |  |  | ø   |  |
| Office Address:  | 21500 Biscayne Blvd. Ste 700   |  |  |   |  |
|  | Aventura   | Elori  | ida 33180<br>(Zip code)  |   |  |
| iving been named as re   | gistered agent and to accept service of i  | process for the above  | stated limited i   | liability compai  | ny at the p  |
| signated in this applica comply with the provis  | rgistered agent and to accept service of pation, I hereby accept the appointment a<br>ions of all statutes relative to the proper  | s registered agent an  | d agree to act i   | n this capacity.  | I further  |
| signated in this applica comply with the provis  | tion, I hereby accept the appointment a  | s registered agent an  | d agree to act i   | n this capacity.  | I further  |
| signated in this applica comply with the provis  | tion, I hereby accept the appointment a<br>ions of all statutes relative to the proper   | s registered agent an  | d agree to act i   | n this capacity.  | I further  |
| signated in this applica comply with the provis  | tion, I hereby accept the appointment a<br>ions of all statutes relative to the proper   | s registered agent an<br>and complete perfor   | d agree to act i   | n this capacity.  | I further  |
| signated in this applica<br>comply with the provis<br>d accept the obligation  | tion, I hereby accept the appointment a<br>ions of all statutes relative to the proper<br>s of my position as registered agent.  | s registered agent and and complete perfor   | d agree to act i<br>mance of my d  | n this capacity.  | I further  |
| signated in this applica<br>comply with the provis<br>d accept the obligation  | tion, I hereby accept the appointment a<br>ions of all statutes relative to the proper<br>s of my position as registered agent.  | s registered agent and and complete perfor   | d agree to act in mance of my d  | n this capacity.  | I further<br>familiar  |
| signated in this applica<br>comply with the provis<br>id accept the obligation<br>The name, title or cap   | ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent) active and address of the person(s) who has  | s registered agent and and complete perfor   | d agree to act is<br>mance of my d<br>anage is/are:<br>itv:                                  | n this capacity.<br>Juties, and I am  | I further<br>familiar<br>duress:   |
| signated in this applica<br>comply with the provis<br>d accept the obligation<br>The name, title or cap.<br>Title or Capacity:   | acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscayne Blvd. Ste 700  | s registered agent and and complete perfor and complete perfor agnature) is/have authority to m Title or Capaci  | d agree to act is<br>mance of my d<br>anage is/are:<br>itv:                                  | Name and Ac<br>Cristina Bald<br>21500 Biscay  | I further familiar to familiar |
| signated in this applica<br>comply with the provis<br>d accept the obligation<br>The name, title or cap.<br>Title or Capacity:   | ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent)  acity and address of the person(s) who ha Name and Address:  Daniel Ades  | s registered agent and and complete perfor and complete perfor agnature) is/have authority to m Title or Capaci  | d agree to act is<br>mance of my d<br>anage is/are:<br>itv:                                  | n this capacity.  Suties, and I am  Name and Ac  Cristina Bald                              | I further familiar to familiar |
| signated in this applicated comply with the provised accept the obligation  The name, title or caparitle or Capacity:  Authorized Officer  | nction, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's accity and address of the person(s) who has a Name and Address:    Daniel Ades   21500 Biscayne Blvd. Ste 700   Aventura, FL 33180           | s registered agent and and complete perfor  signature) ss/have authority to m  Title or Capaci  Authorized Off   | nd agree to act in<br>mance of my d<br>manage is/are:<br>itv:                                | Name and Ac<br>Cristina Bald<br>21500 Biscay<br>Aventura, FL                                | I further familiar fa |
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| The name, title or cap. Title or Capacity: Authorized Officer  Authorized Officer  Attached is a certificate risdiction under the law the translator must be s   | Alexandre Saverin  21500 Biscayne Blvd. Ste 700 Aventura, FL 33180  Alexandre Saverin  21500 Biscayne Blvd. Ste 700 Aventura, FL 33180  Authorized Officer sary) Jeremy Traster (same address)  of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) | Authorized Office Bruno Piacentini 21500 Biscayne B Aventura, FL 331: duly authenticated by e is in a foreign langu  | anage is/are: itv: ficer er Blvd. Ste 700 80 the official haviage, a translation             | Name and Ac Cristina Bald 21500 Biscay Aventura, FL Carlos Felipe 21500 Biscay Aventura, FL | I further familiar of familiar |
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| The name, title or cap. Title or Capacity: Authorized Officer  Authorized Officer  Authorized officer  Attached is a certificate risdiction under the law the translator must be s. This document is executed. | Alexandre Saverin  21500 Biscayne Blvd. Ste 700 Aventura, FL 33180  Authorized Officer sary) Jeremy Traster (same address)  of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)  uted in accordance with section 605.0202                           | Authorized Office Bruno Piacentini 21500 Biscayne B Aventura, FL 331 duly authenticated by e is in a foreign langu   | anage is/are: itv: ficer ficer the official haviage, a translation                           | Name and Ac Cristina Bald 21500 Biscay Aventura, FL Carlos Felipe 21500 Biscay Aventura, FL | I further familiar of familiar |

Typed or printed name of signee

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KCP 9, 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 TWENTY-FOURTH DAY OF MAY, A.D. 2018.

6800079 8300 SR# 20184191043



Jeffrey W. Bulliock, Secretary of State

Authentication: 202759582

Date: 05-24-18

Page 1

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