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SECRETARY OF STATE
ALLIAHASSEE FISHER

## COVER LETTER

TO:

k JECT:	CCM 200 West Jackson, LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F			
se return a	Il correspondence concerning this matter to	o the following:			
	Tatjana Martin				
		Name of Person			
	Kawa Capital Management, Inc.				
	·	Firm/Company			
	21500 Biscayne Blvd. Suite 700				
	<del></del>	Address			
	Aventura, FL 33180				
	C	ity/State and Zip Code			
	Tatjana@kawa.com				
	E-mail address: (to be	used for future annual report notification)			
further info	ormation concerning this matter, please cal	l:			
Tatjana Martin		305 560-5216			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	ng Address:	Street Address:			
_	stration Section	Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Talla	shassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	sed is a check for the following amount:				
	e make check payable to: FLORIDA DEP 25.00 Filing Fee				
	Certificate o				

## 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:

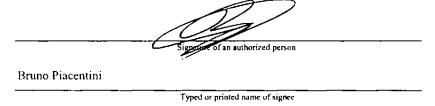
f name unavailable, enter alternate name	adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Lis	ability Company," "L.IC," or	"LLC.")
Delaware		3.	87-4169588		
(Jurisdiction under the law of which	foreign limited liability company is organized)	J.	(FEI numb	er, it applicable)	_
·	Date first transported business in Florida of prior to a	registration	1		
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty			
21500 Biscayne Blvd.		6.	21500 Biscayne Blvd. (Mailing Address)		
treet Address of Principal Office)			(Mailing Address)		_
Ste 700	<del></del>		Ste 700		
Aventura, FL 33180			Aventura, FL 33180		
. Name and street address of Florida registered agent: (P.O. Box  Kawa Capital Management, Inc.			cceptable)	2022 JAN 31 SEGRETARY TALL AHASSE	
Name:21 Office Address:	21500 Biscayne Blvd. Ste 700			I AM 8: 3 Y OF STATE EE. FLORID	ED
Α			33180 . Florida	: 30 RIDA	
_	(City)		(Zip code)	<del></del>	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Daniel Ades	□Manager	Name: Alexandre Saverin
□Member	Address: 21500 Biscayne Blvd.	□Member	Address: 21500 Biscayne Blvd.
□Authorized	Ste 700	□Authorized	Ste 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
Authorized  Other <u>Representati</u>		Authorized Cother Representat	ive □Other
□Manager	Name:	□Manager	Name: Carlos Felipe Lemos
□Member	Address: 21500 Biscayne Blvd.	□Member	Address: 21500 Biscayne Blvd.
□Authorized	Ste 700	□Authorized	Ste 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
Authorized Representat	iveOther	Authorized Representat	ive  □Other
□Manager	Name:	□Manager	Name: Bruno Piacentini
□Member	Address: 21500 Biscayne Blvd.	□Member	Address: 21500 Biscayne Blvd.
□Authorized	Ste 700	□Authorized	Ste 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
Authorized Other <u>Representat</u>	ive Other	Authorized EOther <u>Representati</u>	ive □Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KCM 200 WEST JACKSON, 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. 2022.

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

a at corn delaware gov/auti

Authentication: 202430777

Date: 01-19-22