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S. FRANKLIN APR 17 2002

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Registration Section

TO:

SUBJECT:	Name of Limited Liability Company						
	l "Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact business.					
Please return	all correspondence concerning this matter t	o the following:					
	Tatjana Martin						
		Name of Person	- -				
	Kawa Capital Management, Inc.						
		Firm/Company	_				
	21500 Biscayne Blvd. Suite 700						
		Address					
	Aventura, FL 33180	:	2022 APR	_			
City/State and Zip Code				. प्याप्त य तु			
	Tatjana@kawa.com	<u>.</u>	1.				
	E-mail address: (to be	e used for future annual report notification)	PH	, i ;			
For further in	nformation concerning this matter, please ca	ll: 200 The		لعري			
Tat	jana Martin	305 560-5216 at ()	<u> </u>				
	Name of Contact Person	Area Code Daytime Telephone Number	_				
Mailing Address:Street Address:Registration SectionRegistration Section							
	vision of Corporations D. Box 6327	Division of Corporations					
	lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Tal Enc Plea	lahassee, FL 32314 losed is a check for the following amount: use make check payable to: FLORIDA DEP 125.00 Filing Fee	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE					

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

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

1. KCM Universal North (Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	Company," "L.E.C.," or "ELC.")		-
If name mayailable, enter alternate a	name adopted for the purpose of transacting business in F	lorida The	alternate name must include "Limited Liabilit	ty Company," "L.L.C," or "	LLC.")
Delaware		2	88-0946690		
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3(FE! number, i		applicable)	•
4				_	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty	liability)		
21500 Biscayne Blvd.		6	21500 Biscayne Blvd. (Mailing Address)		
3. (Street Address of Principal Office)		U.	(Mailing Address)		_
Ste 700			Ste 700		
Aventura, FL 33180			Aventura, FL 33180	2022 AF	- 1
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C <u>NOT</u>	acceptable)	R-4 P	
Name:	Kawa Capital Management, Inc.			PH 2: 34	الحوجا
Office Address:	21500 Biscayne Blvd. Ste 700			Ţ.	
,	Aventura		33180 , Florida		
	(City)		(Zip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pion, I hereby accept the appointment alons of all statutes relative to the propers of my position as registered agent.	is regist	ered agent and agree to act in th	his capacity. I furt	her agre

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: Alexandre Saverin Name: __ Daniel Ades □Manager □Manager 21500 Biscayne Blvd. 21500 Biscayne Blvd. □Member □Member Ste 700 Ste 700 ☐ Authorized □ Authorized Aventura, FL 33180 Aventura, FL 33180 Person Person Authorized

Gother Representative Authorized BOther Representative □Other □Other Cristina Baldim Name: Carlos Felipe Lemos □ Manager □Manager 21500 Biscayne Blvd. 21500 Biscayne Blvd. □ Member Address: □Member Address: Ste 700 Ste 700 □ Authorized □ Authorized Aventura, FL 33180 Aventura, FL 33180 Person Person Authorized

Gother Representative ■Other Authorized Representative Other____ Jeremy Traster Name: ___ □Manager □Manager Address: 21500 Biscayne Blvd. □Member □Member Address: _ Ste 700 □ Authorized □ Authorized Aventura, FL 33180 Person Person Authorized ■Other <u>Representative</u> Other____ □Other ____ □Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person

Typed or printed name of signee

Daniel Ades

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KCM UNIVERSAL NORTH & SOUTH 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 SEVENTEENTH DAY OF MARCH, A.D. 2022.

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





6638573 8300 SR# 20221050760 Authentication: 202941848

Date: 03-17-22