116000002008

(Re	questor's Name)				
(Ad	dress)				
. (Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
		:			

Office Use Only



500282943095

03/07/16--01038--012 **125.00

16 MAR - 7 PM 1:50

MAR 0 9 2016 Y SULKED

COVER LETTER

TO:

	degistration Section Division of Corporations						
SUBJECT	KAWA CANADIAN PREFERRED MANAGER, LLC						
		Name of Limited Liability Company					
		npany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida					
Please retu	irn all correspondence concerning this matter to th	ne following:					
	KRISTINE ASCANIO						
		Name of Person					
	KAWA CAPITAL MANAGEMENT						
		Firm/Company					
	21500 Biscyane Blvd. ste 700						
		Address					
	Aventura, FL 33180						
	City/	State and Zip Code					
	kristine@kawa.com						
	E-mail address: (to be us	ed for future annual report notification)					
For further	information concerning this matter, please call:						
К	cristine Ascanio	305 560-5213 at ()					
_	Name of Contact Person	Area Code Daytime Telephone Number					
D R P.	IAILING ADDRESS: division of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	s a check for the following amount: \$\begin{align*} \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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

If name unavoilable anter of				.ny," "L.L.C.," or			
(ii name unavanable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpos " or "LLC.")	e of transac	ting business in Florida.	The alternate nan	ne must inclu	ıde "Lir	nited
DELAWARE	,	3. N/	A				
(Jurisdiction under the law company is organized)	of which foreign limited liability	٥	(FEI num	ber, if applicable))		-
	E BUSINESS IN FLORIDA						
·	(Date first transacted busine (See sections 605.0904 & 605	ess in Florid	la, if prior to registration	.)	-		
5. 21500 Biscyane Blvd.,		.0905, r.s.	to determine penalty had		_		
Aventura, FL 33180							
	(Street Address of	Principal O	ffice)		_		
6. same as above					_		
					_		
	(Mailing	Address)			_		
7. Name and street address	ss of Florida registered agent: (P	.O. Box 1	IOT acceptable)		÷ ~.		
Name:	Kawa Capital Management				1 " .	<u>o</u>	
	21500 Biscayne Blvd. Ste 700		1181		To the second se	MAR	* *******
Office Address:				22100			1
	Aventura (City)		, Florida _		-	70	3
	· ·			(Zip code)	<u>(=</u> ; ^ (=)		10 d
					- 177	2	1
Having been named as re designated in this applica o complywith the provision	egistered agent and to accept ser- tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	tment as r	egistered agent and ag	gree to act in thi	lity compai is capacity.	I furt	her ag
designated in this applica to complywith the provision	egistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	tment as r proper an	egistered agent and ag	gree to act in thi	lity compai is capacity.	I furt	her ag
Having been named as re designated in this applica o complywith the provisi accept the obligations of t	egistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	tment as r proper an	egistered agent and ag d complete performan s signature)	gree to act in thi nce of my duties	lity compai is capacity.	I furt	her ag
Having been named as redesignated in this applicate of complywith the provision accept the obligations of the control of the c	egistered agent and to accept ser tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	tment as r proper an	egistered agent and ag d complete performan s signature)	gree to act in thi nce of my duties	lity compai is capacity.	I furt	her ag
Having been named as redesignated in this applicate of the complywith the provision accept the obligations of the control of t	egistered agent and to accept ser- tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	tment as r proper an	egistered agent and ag d complete performan s signature)	gree to act in thi nce of my duties	lity compai is capacity.	I furt	her ag
Having been named as redesignated in this applicate of complywith the provision occept the obligations of the control of the c	egistered agent and to accept ser- tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	tment as r proper an	egistered agent and ag d complete performan s signature)	gree to act in thi nce of my duties	lity compai is capacity.	I furt	her ag
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same	egistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registracity and address of the person(s) ger of existence, no more than 90 day of which it is organized. (If the care	tered agent') who has/l	egistered agent and agent	gree to act in thince of my duties, ge is/arc:	custody of	I furti familia	her ag
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same	egistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registracity and address of the person(s) ger of existence, no more than 90 day of which it is organized. (If the cubmitted)	tered agent') who has/l	egistered agent and agent	gree to act in thince of my duties, ge is/arc:	custody of	I furti familia	her ag ir wit

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Alexandre Saverin

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAWA CANADIAN PREFERRED MANAGER, 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 THIRD DAY OF MARCH, A.D. 2016.

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

5978192 8300 SR# 20161471673

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

Authentication: 201926791

Date: 03-03-16