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COVER LETTER

Divis	ion of Corporation	115				
UBJECT: _	LARANJA LLC					
bbober			f Limited Liability (Company	_	
					ansact Business in Florida," Cerr y company to transact business i	
ease return a	all correspondence	concerning this matter to th	e following:			
	Kristine Ascan	io				
		1	Name of Person			
	Kawa Capital N	Management				
			Firm/Company		<u> </u>	
	21500 Biscayn	e Blvd., Ste 700				
			Address			
	Aventura, FL 3	3180				
	10.00	City/	State and Zip Code	-		
	kristine@kawa.c	om				
		E-mail address: (to be us	ed for future annual	report not	tification)	
or further info	ormation concerning	g this matter, please call:				
Krist	ine Asccanio		305 at (560-52		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divis Regis P.O. i	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifiction of Status & Certified Copy	cate

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:

	eign Limited Liability Company; mus	t include "Limited Liabili	ly Company," "L.L.C.," or '	"LLC.")	
If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")	of transacting business in	Florida. The alternate nam	e must inclu	de "Limited
Delaware	,	2 46-1536103			
(Jurisdiction under the law company is organized)	of which foreign limited liability	5.	(FEI number, if applicable)		
l. <u>N/A</u>				_	
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to reg 0905, F.S. to determine pr	gistration.) enalty liability)		
21500 Biscayne Blvd.	, Ste 700			_	
Aventura, FL 33180					
	(Street Address of F	rincipal Office)		-	
5. 21500 Biscayne Blvd.,	Ste 700			_	
Aventura, FL 33180				<u> </u>	≅
	(Mailing A	Address)		- 59	<u>လ</u> သ
/. Name and street addres	ss of Florida registered agent: (P.	O Box NOT acceptable	e)		P 77
- 	Kristine Ascanio- Kawa Capita	 ,	· ,	第三	2 =
Name:					
Office Address:	21500 Biscayne Blvd., Ste 700			STA OR	••
	Aventura	,	Florida 33180		ప్
	(City)		(Zip code)		
	otance:	viae of nuccess for the a	` ' '	litu aanenas	w at the place
Having been named as re designated in this applica o complywith the provisi accept the obligations of	otance: egistered agent and to accept servation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Regist	proper and complete per grouper and complete per grouper and complete per grouper and complete per grouper agent's signature)	bove stated limited liabing the and agree to act in this erformance of my duties	is capacity.	I further agr
designated in this applicate complywith the provising accept the obligations of the control of t	otance: egistered agent and to accept serv ation, I hereby accept the appoint ions of all statutes relative to the	proper and complete per grouper and complete per grouper and complete per grouper and complete per grouper agent's signature)	bove stated limited liabing the and agree to act in this erformance of my duties	is capacity.	I further agr
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Having been named as relesignated in this applicate occupily with the provising accept the obligations of the same, title or caps Daniel Ades, Manager O. Attached is a certificate urisdiction under the law	egistered agent and to accept servation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registrative and address of the person(s) acity and address of the person(s) of which it is organized. (If the capabilities)	red agent's signature) who has/have authority ys old, duly authenticate	bove stated limited liability and agree to act in this erformance of my duties to manage is/are:	s capacity. , and I am	I further agr familiar with

Typed or printed name of signee

Daniel Ades

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LARANJA 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 SEVENTH DAY OF SEPTEMBER, A.D. 2016.

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

5234130 8300

Authentication: 202945253

Date: 09-07-16