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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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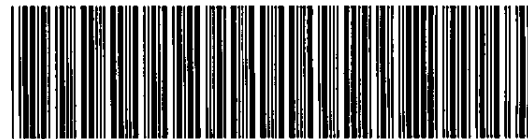
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11/24/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2017

KRISTINE ASCANIO  
KAWA CAPITAL MANAGEMENT  
21500 BISCAYNE BLVD STE 700  
AVENTURA, FL 33180

SUBJECT: KAWA SBA OPPORTUNITIES MANAGER II, LLC  
Ref. Number: W17000006966

We have received your document for KAWA SBA OPPORTUNITIES MANAGER II, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 517A00001564

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KAWA SBA OPPORTUNITIES MANAGER II, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kristine Ascanio

Name of Person

Kawa Capital Management

Firm/Company

21500 Biscayne Blvd. Ste 700

Address

Aventura, FL 33180

City/State and Zip Code

kristine@kawa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine Ascanio

305

560-5213

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
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:*

1. KAWA SBA OPPORTUNITIES MANAGER II, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. Has not yet conducted business in FL

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 21500 Biscayne Blvd. Ste 700

Aventura, FL 33180

(Street Address of Principal Office)

6. 21500 Biscayne Blvd. Ste 700

Aventura, FL 33180

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

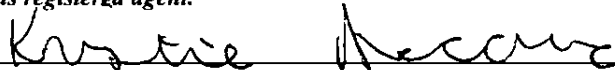
Name: Kawa Capital Management

Office Address: 21500 Biscayne Blvd. Ste 700

Aventura, Florida 33180  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

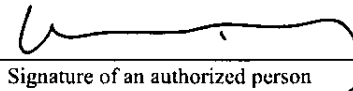


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Daniel Ades, Manager

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)



Signature of an authorized person

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.

Daniel Ades

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAWA SBA OPPORTUNITIES MANAGER II, 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 SECOND DAY OF FEBRUARY, A.D. 2017.

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

RECEIVED  
FEB 02 2017  
11:00 AM  
STATE OF DELAWARE



6272934 8300

SR# 20170617747

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 201976225

Date: 02-02-17

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:34 PM 01/05/2017  
FILED 06:34 PM 01/05/2017  
SR 20170078458 - File Number 6272934

**CERTIFICATE OF FORMATION**

**OF**

**KAWA SBA OPPORTUNITIES MANAGER II, LLC**

**FIRST:** The name of the limited liability company is **Kawa SBA Opportunities Manager II, LLC**.

**SECOND:** The registered office in the State of Delaware is 2711 Centerville Road, Suite 400, in the City of Wilmington, in the County of New Castle and in the State of Delaware 19808. The name of its registered agent at such address is Corporation Service Company.

**IN WITNESS WHEREOF,** the undersigned has executed this Certificate as of the 5th day of January, 2017.



Name: Daniel Ades  
Title: Authorized Person

February 3, 2017

RECEIVED  
2017 FEB -6 PM 4:06

As requested to form the entity KAWA SBA OPPORTUNITIES MANAGER II, LLC please find the Certificate of Good Standing.

All correspondence can be sent to:

Kristine Ascanio  
Kawa Capital Management  
21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

Phone: 305-560-5213

SM