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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
V17-24539							
647							

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID

APR 12 2017 S. YOUNG



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2017

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

SUBJECT: KAWA OCEANA LLC Ref. Number: W17000024539

We have received your document for KAWA OCEANA 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 917A00005473

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2017 APR 11 AM 11: 28

#### **COVER LETTER**

то:	Registration Section Division of Corporation	as.					
SUBJI	KAWA OCEANA L	LC					
		Name of l	Limited Liability	Company			
The en Exister	closed "Application by Fornce, and check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limi	ation to Tra ited liability	insact Business in Florida," company to transact busir	' Certificate oness in Florid	of la
Please	return all correspondence c	oncerning this matter to the	following:				
	KRISTINE AS	CANIO					
	Name of Person						
	KAWA CAPITAL MANAGEMENT						
	Firm/Company						
	21500 BISCAYNE BLVD. STE 700						
Address							
	AVENTURA, FL 33180  City/State and Zip Code						r Si
	KRISTINE@KA	WA.COM				MAR 20	
		E-mail address: (to be used	d for future annua	l report not	ification)	•	
For fu	rther information concerning	g this matter, please call:				PH 3:	700
	KRISTINE ASCANIO		305 at (	560-52	13	20	PRIOR
	Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Area Code	Day	rtime Telephone Number	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	sed is a check for the follow  ☐ \$125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fil Certified Copy		☐ \$160.00 Filing Fee, C of Status & Certified Co		

### 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 OCEANA LLO			~
(Name of For	eign Limited Liability Company; must include "L	amited Liability Company," "L.L.C.," or "LLC	2.")
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transact " or "LLC.")	ing business in Florida. The alternate name m	ust include "Limited
2. DELAWARE	3. N/A	<b>L</b>	
	of which foreign limited liability	(FEI number, if applicable)	
4. HAS NOT YET CON	DUCTED BUSINESS IN FLORIDA		
5. 21500 BISCYANE BI	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t LVD. STE 700	, if prior to registration.) o determine penalty liability)	
AVENTURA, FL 3318	30		
	(Street Address of Principal Off	ice)	
6. 21500 BISCYANE BL	VD. STE 700		T ALL
AVENTURA, FL 3318			HAR 20
	(Mailing Address)		27
7. Name and street address	ss of Florida registered agent: (P.O. Box No.	<u>OT</u> acceptable)	R COF
Name:	KAWA CAPITAL MANAGEMENT		SIA SIA
Office Address:	21500 BISCYANE BLVD. STE 700	<u> </u>	20
	AVENTURA	, Florida 33180	
Registered agent's accep	(City)	(Zip code)	
Having been named as red designated in this applica to complywith the provisi	rgistered agent and to accept service of proceedings, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in this ca	pacity. I further agree
	(Pariment and and a		
	(Registered agent's	signature)	
8. The name, title or capa	acity and address of the person(s) who has/ha	ave authority to manage is/are:	
Kawa Capital Partners LI	.C, MGRM, 21500 Biscayne Blvd, Suite 700	), Aventura, FL 33180	
•			<del></del>
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)		
	Signature of an author	ized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	, Florida Statutes. I am aware that any fals legree felony as provided for in s.817.155	se information , F.S.
	Daniel Ades		

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KAWA OCEANA 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 FOURTEENTH DAY OF MARCH, A.D. 2017.

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

SECRETARY OF STATE SECRETARY OF SECRET

6346318 8300 SR# 20171758205 Authentication: 202192940

Date: 03-14-17