

N 170000005116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

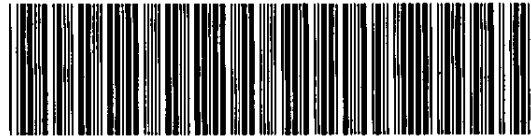
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900300337259

06/15/17--01003--012 \*\*375.00

FILED  
17 JUN 15 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 2017

Y SULKER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KCP Signet Central, 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 Blv d. 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**

Name of Contact Person

at ( **305** )

Area Code

**560-5213**

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. KCP SIGNET CENTRAL, 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. n/a**

(PEI number, if applicable)

**4. has not yet done business in Florida**

(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.**

(Street Address of Principal Office)

**Ste 700**

**Aventura, FL 33180**

**6. 21500 Biscayne Blvd.**

(Mailing Address)

**Ste 700**

**Aventura, FL 33180**

**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**

(City)

**Florida 33180**

(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:**

**Title or Capacity:**

**Name and Address:**

**Title or Capacity:**

**Name and Address:**

**Manager**

**Daniel Ades**

**21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180**

**Authorized Signatory**

**Cristina Baldim**

**21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180**

**Authorized Signatory**

**Alexandre Saverin**

**21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180**

**Authorized Signatory**

**Carlos Felipe Lemos**

**21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180**

(Use attachments if necessary)

**Authorized Signatory**

**Jeremy Traster**

**21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180**

**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)

**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.**

**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 "KCP SIGNET CENTRAL, 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 TWELFTH DAY OF JUNE, A.D. 2017.

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



6427982 8300

SR# 20174696128

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202690755

Date: 06-12-17