9/15/2017 Division of Corporations

M17000007934

Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
KCP Harkins Manager, LLC

Certificate of Status	0
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D SCOTT
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KCP Hirkins Manager, 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:

Christine Oconnor
Name of Person

NRAI Svcs
Firm/Company

900 Merchants Concourse Ste 405
Address

Westbury, NY 11590
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:

christine oconnor at (888) 579-0286
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL033 - 03/2011 Walter Kluwer Cedar

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 Harkins Manager, 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. _____
(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)
Suite 700
Aventura, FL 33180

6. 21500 Biscayne Blvd
(Mailing Address)
Suite 700
Aventura, FL 33180

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: NRAI Services Inc.
(Registered agent's signature)

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

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
		Authorized Signatory	Jeremy Traster 21500 Biscayne Blvd. Aventura, FL 33180

(Use attachments if necessary)

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

SEP 15 AM 8:43

Manager:	Daniel Ades 21500 Biscayne Blvd Ste 700, Aventura, FL 33180
Authorized Signatory:	Alexandre Saverin, 21500 Biscayne Blvd Ste 700, Aventura, FL 33180
Authorized Signatory:	Cristina Baldim, 21500 Biscayne Blvd Ste 700, Aventura, FL 33180
Authorized Signatory:	Carlos Felipe Lemos, 21500 Biscayne Blvd Ste 700, Aventura FL 33180
Authorized Signatory:	Jeremy Traster, 21500 Biscayne Blvd, Ste 700, Aventura, FL 33180

17 SEP 15 AM 8 43

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCP HARKINS 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 FIRST DAY OF SEPTEMBER, A.D. 2017.

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

17 SEP 15 AM 8:45

6527484 8300

SR# 20175995794

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

Authentication: 203158281

Date: 09-01-17

September 18, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION

SUBJECT: KCP HARKINS MANAGER, LLC
REF: W17000074410

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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.

Dionne M Pijeaux
Regulatory Specialist

FAX Aud. #: H17000243938
Letter Number: 617A00018896

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P.O BOX 6327 – Tallahassee, Florida 32314