

M1700000 8012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

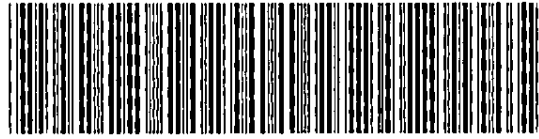
(Business Entity Name)

(Document Number)

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2017-11-14

SEP 20 2017
J. HARRIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2017

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

SUBJECT: KCP 2, LLC
Ref. Number: W17000070831

We have received your document for KCP 2, LLC and your check(s) totaling \$380.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00017781

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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 2, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 6. 21500 Biscayne Blvd.
(Street Address of Principal Office) (Mailing Address)
Ste 700 Ste 700
Aventura, FL 33180 Aventura, FL 33180

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Kawa Capital Management, Inc.
 Office Address: 21500 Biscayne Blvd. Ste 700
Aventura, Florida 33180
(City) (Zip code)

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 TALLAHASSEE, FLORIDA

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:			
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Daniel Ades</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura FL 33180</u>	<u>Authorized Signatory</u>	<u>Cristina Baldim</u> <u>21500 Biscayne Blvd Ste 700</u> <u>Aventura FL 33180</u>
<u>Authorized Signatory</u>	<u>Alexandre Saverin</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura FL 33180</u>	<u>Authorized Signatory</u>	<u>Carlos Felipe Lemos</u> <u>21500 Biscayne Blvd Ste 700</u> <u>Aventura FL 33180</u>

(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)

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.

Signature of an authorized person

Daniel Ades
Typed or printed name of signee


Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCP 2, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2017.




Jeffrey W. Bullock, Secretary of State

6506182 8300

SR# 20175791707

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

Authentication: 203086194

Date: 08-18-17