## M17000008012

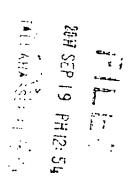
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SER ? MARRIS

## COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	KCP 2, LLC					
		Name of	Limited Liability	Company	<del></del>	
The enclosed Existence, ar	l "Application by Fo	reign Limited Liability Comped to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida." Cert y company to transact business in	ificate of n Florida.
Please return	all correspondence	concerning this matter to the	following:			
	Kristine Ascan	io				
		N:	ame of Person			
	Kawa Capital M	Management				
	-	F	irm/Company	<del></del>		
	21500 Biscayno	e Blvd. Suite 700				
			Address		·	tificate of in Florida.
	Aventura, FL 3	3180				
		City/S	tate and Zip Code			
	kristine@kawa.c	om				
		E-mail address: (to be used	d for future annual	report no	tification)	
For further in	nformation concernin	g this matter, please call:				
Tat	jana Martin		305 at (	560-52	16	
	Name o	of Contact Person	Area Code		rtime Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section dullding secutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\text{\$\text{\$130.00 Filing Fee & }}}\$  Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate



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



## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited	d Liability Company, ""L.E.C.," or "LLC."	")
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Li	ability Company." "L.L.C." or "LLC.")
2 Delaware	, , , ,	_	
	hich foreign limited liability company is organized)	3(FEI num	nber, (fapplicable)
4 has not yet done busin	iess in Florida		
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	
5 21500 Biscayne Blvd.		6 21500 Biscayne Blvd.	
(Street Address of	Principal Office)	(Mailing Ad	dress)
Ste 700		Ste 700	mi na
Aventura, FL 33180		Aventura, FL 33180	14.1
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SEP
Name:	Kawa Capital Management, /nc.		5 G
Office Address:	21500 Biscayne Blvd. Ste 700		R T
Office Address.			<u> </u>
	Aventura (Cuv)	Florida 33180 (Zip co	<u>~</u>
designated in this applicate to comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper (		t in this capacity. I further ag
designated in this applicate to comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	s registered agent and agree to ac and complete performance of my	t in this capacity. I further ag
designated in this applicate to comply with the provise and accept the obligation	ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statuted agen	s registered agent and agree to ac- and complete performance of my	t in this capacity. I further ag
designated in this applicate to comply with the provise and accept the obligation	ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	s registered agent and agree to ac- and complete performance of my	t in this capacity. I further ag
designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap	ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes and address of the person(s) who has	s registered agent and agree to accand complete performance of my agnature) s/have authority to manage is/are:	t in this capacity. I further ag duties, and I am familiar wit.
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	ition. I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statity and address of the person(s) who has Name and Address:	s registered agent and agree to accand complete performance of my  organiture)  s/have authority to manage is/are:  Title or Capacity:  Authorized Signatory	t in this capacity. I further ag duties, and I am familiar wit.
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who has  Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700  Aventura FL 33180  Alexandre Saverin	s registered agent and agree to accand complete performance of my  s/have authority to manage is/are:  Title or Capacity:  Authorized Signatory  Authorized Signatory	Name and Address: Cristina Baldim 21500 Biscavne Blvd Ste 1 Aventura FL 33180 Carlos Felipe Lemos
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:  Manager	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700  Aventura FL 33180	seregistered agent and agree to accurate complete performance of my solutions.  Solution is a series of the series	Name and Address: Cristina Baldim 21500 Biscavne Blyd Ste 3 Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blyd Ste 3
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:  Manager	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180	sregistered agent and agree to accand complete performance of my  s/have authority to manage is/are:  Title or Capacity:  Authorized Signatory  Authorized Signatory  Section 2 ed Signatory  Decemy Trasfer  21500 Biscayne Bird. St	Name and Address: Cristina Baldim 21500 Biscavne Blyd Ste 3 Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blyd Ste 3
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: Manager  Authorized Signatory  (Use attachments if neces)  9. Attached is a certificate	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  seary)  of existence, no more than 90 days old, d	Authorized Signatory	Name and Address: Cristina Baldim 21500 Biscavne Blvd Ste Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blvd Ste Aventura FL 33180
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: Manager  Authorized Signatory  (Use attachments if neces)  9. Attached is a certificate	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  seary)  of existence, no more than 90 days old, do of which it is organized. (If the certificate	Authorized Signatory	Name and Address: Cristina Baldim 21500 Biscavne Blvd Ste Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blvd Ste Aventura FL 33180
8. The name, title or cap Title or Capacity: Manager  Authorized Signatory  (Use attachments if neces jurisdiction under the law of the translator must be s	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  ssary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)	Authorized Signatory	Name and Address: Cristina Baldim 21500 Biscavne Blvd Ste Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blvd Ste Aventura FL 33180  c 300  aving custody of records in the tion of the certificate under out
8. The name, title or cap Title or Capacity: Manager  Authorized Signatory  (Use attachments if neces jurisdiction under the law of the translator must be s	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  ssary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)	Authorized Signatory	Name and Address: Cristina Baldim 21500 Biscavne Blvd Ste Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blvd Ste Aventura FL 33180  c 300  aving custody of records in the tion of the certificate under out
8. The name, title or cap Title or Capacity: Manager  Authorized Signatory  (Use attachments if neces jurisdiction under the law of the translator must be s	acity and address of the person(s) who has Name and Address:  Daniel Ades  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  Alexandre Saverin  21500 Biscavne Blvd. Ste 700 Aventura FL 33180  sary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)  auted in accordance with section 605.0203 of the Department of State constitutes a thir	Authorized Signatory	Name and Address: Cristina Baldim 21500 Biscavne Blvd Ste Aventura FL 33180  Carlos Felipe Lemos 21500 Biscavne Blvd Ste Aventura FL 33180  c 300  aving custody of records in the tion of the certificate under out

Typed or printed name of signee



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.

Authentication: 203086194

Date: 08-18-17