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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

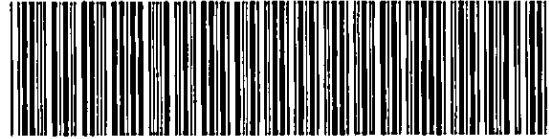
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 Methodist Note, 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. 33-2238027 (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)
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)

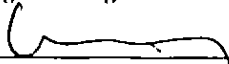
Name: Kawa Capital Management, Inc.

Office Address: 21500 Biscayne Blvd. Ste 700
Aventura , Florida 33180
(City) (Zip code)

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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.

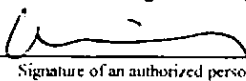

(Registered agent's signature)

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>Authorized Officer</u>	<u>Daniel Ades</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>	<u>Authorized Officer</u>	<u>Cristina Baldim</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>
<u>Authorized Officer</u>	<u>Alexandre Saverin</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>	<u>Authorized Officer</u>	<u>Carlos Felipe Lemos</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>
<small>(Use attachments if necessary)</small>	<u>Authorized Officer</u> <u>Jeremy Traster (same address)</u>	<u>Authorized Officer</u>	<u>Bruno Piacentini</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>

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 METHODIST NOTE, 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 SECOND DAY OF NOVEMBER, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

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SR# 20187452174

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

Authentication: 203827981

Date: 11-02-18