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DR4117119

## **COVER LETTER**

TO:

Registration Section Division of Corporations

KCN SUBJECT:	M COP, LLC					
		Name of	Limited Liability	Company	·	
The enclosed "Ap- Existence, and che	plication by For eck are submitted	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liabilit	ansact Business in Florida," Cer y company to transact business i	tificate of in Florida.
Please return all co	orrespondence c	oncerning this matter to the	following:			
	Kristine Ascani	o				
•		N	ame of Person	_		
	Kawa Capital M	lanagement, Inc.				
•		F	irm/Company			
	21500 Biscayne	Blvd. Suite 700				
•			Address		····	
	Aventura, FL 3	3180				
•		City/S	tate and Zip Code	-		
kı	ristine@kawa.co	om				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further informa	ation concerning	g this matter, please call:				
Tatjana M	Martin		305 at (	560-52	16	
-	Name of	f Contact Person	Area Code	Day	time Telephone Number	
Division o Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check ☐ \$125.0	k for the followi O Filing Fee	ng amount:  \$\B\$\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for	or the purpose of tran	sacting business in Flor	ida. The altern	ate name must include "Limit	ed Liability Cor	mpany," "L.L.C	"," or "LLC."
Delaware				3 8	3-2534408			
(Jurisdiction under the law of	which foreign lim	nited liability compan	iy is organized)	J		I number, if app	plicable)	
·	(Date fir	st transacted busines	s in Florida, if prior to re 5.0905, F.S. to determin	egistration )	live)			
21500 Biscayne Blvd					500 Biscayne Blvd.			
(Street Address of		.,	<del></del>	0. <u></u>		g Address)		
Ste 700				St	e 700			
Aventura, FL 33180			<u></u>	A	ventura, FL 33180			_
. Name and street addre	ess of Florid	la registered ag	gent: (P.O. Box	NOT acce	eptable)		TALLA	2019 AP
Name:	Kawa Ca	apital Manager	nent, Inc.				2-47°	$\varkappa$
Office Address:	21500 Bi	iscayne Blvd. S	Ste 700					2
	•		-				inist.	PH
	Aventura	a	(City)		Florida <u>33180</u>	ip code)		ယ္
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laving been named as r esignated in this applice comply with the provis	egistered ap ation, I here sions of all :	eby accept the statutes relativ	cept service of p appointment as te to the proper of	registered	the above stated lin I agent and agree to	rited liabili act in this	capacity.	دی ny <b>hi</b> the <sub>l</sub> I further
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Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCM COP, 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 FIFTH DAY OF APRIL, A.D. 2019.

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

7139051 8300 SR# 20192596770

Authentication: 202592503

Date: 04-05-19