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S. PRATALL

COVER LETTER

	Registration Section Division of Corporation	s				
SUBJEC	Lincoln Pref Holded	o, LLC				
SODJEC		Name of	Limited Liability (Company		
					ansact Business in Florida," Certificate of y company to transact business in Florida.	
Please re	turn all correspondence c	oncerning this matter to the	following:			
	Kristine Ascani	o				
		N	ame of Person			
	Kawa Capital M	fanagement, Inc.				
Firm/Company						
	21500 Biscayne Blvd. Suite 700					
Address						
	Aventura, FL 33180					
City/State and Zip Code						
	kristine@kawa.co	om				
		E-mail address: (to be used	for future annual	report not	ification)	
For furth	er information concerning	g this matter, please call:				
	Tatjana Martin		305 at (560-52	16	
	Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301	
	is a check for the following \$125.00 Filing Fee	ing amount: \$\square\$ \$\\$130.00\$ Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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:

	ame adopted for the purpose of transacting business in Flori		
2. Delaware	hich foreign limited hability company is organized)	3. <u>84 - 2080</u>	5+2 number, if applicable)
(Jurisdiction under the law of w	nich totelgn finnted fiziotity company is organized)	(rein	umoer, ii applicatie)
4		2	
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) e penalty liability)	
5. 21500 Biscayne Blvd.		6. 21500 Biscayne Blvd.	
Ste 700	rincipal Office)	(Mailing /	Address)
Aventura, FL 33180		Aventura, FL 33180	
11.01.01.01		717011411111111111111111111111111111111	
7 Namu and etrout address	ss of Florida registered agent: (P.O. Box	NOT recontable)	
7. Name and street address		NOT acceptable)	The second second
Name:	Kawa Capital Management, Inc.		
Office Address:	21500 Biscayne Blvd. Ste 700		ිර ජ ු ⁽²⁾
	Aventura	33180	では、
	(City)	, Florida 33180	code)
designated in this applica to comply with the provise	gistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper o	registered agent and agree to a	act in this capacity. I further agree
Having been named as re designated in this applica to comply with the provise	gistered agent and to accept service of pi tion, I hereby accept the appointment as	registered agent and agree to a and complete performance of n	act in this capacity. I further agree
Having been named as redesignated in this applicate to comply with the provisionand accept the obligation.	gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.	registered agent and agree to a and complete performance of n gnature)	nct in this capacity. I further agree ny duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provist and accept the obligation. 8. The name, title or capa	gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's signature and address of the person(s) who has	registered agent and agree to a and complete performance of menance of menance)	nct in this capacity. I further agree ny duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity:	gistered agent and to accept service of pition, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address:	registered agent and agree to a and complete performance of meanure) //have authority to manage is/are Title or Capacity:	nct in this capacity. I further agree my duties, and I am familiar with ————————————————————————————————————
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capaatitie or Capacity: Authorized Officer	gistered agent and to accept service of pution, I hereby accept the appointment as sons of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. Ste 700	registered agent and agree to a and complete performance of manage is/are title or Capacity: Authorized Officer Authorized Officer	exist in this capacity. I further agree by duties, and I am familiar with Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 700
Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capaatile or Capacity: Authorized Officer	gistered agent and to accept service of prition, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity 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	registered agent and agree to a and complete performance of manage is/are Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 706	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180
Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capatitle or Capacity: Authorized Officer Authorized Officer	gistered agent and to accept service of pution, I hereby accept the appointment as sons of all statutes relative to the proper of sof my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer	registered agent and agree to a and complete performance of manage is/are Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180
Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: Authorized Officer Authorized Officer (Use attachments if neces) 9. Attached is a certificate	gistered agent and to accept service of pution, I hereby accept the appointment as sons of all statutes relative to the proper of sof my position as registered agent. (Registered agent's since ity and address of the person(s) who has Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer Sary) Jeremy Traster (same address) of existence, no more than 90 days old, do of which it is organized. (If the certificate	registered agent and agree to a and complete performance of manage is/are Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 uly authenticated by the official	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180
Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capater and accept the obligation. Authorized Officer Authorized Officer (Use attachments if necesses). Attached is a certificate jurisdiction under the law of the translator must be seen. 10. This document is executed.	gistered agent and to accept service of pution, I hereby accept the appointment as sons of all statutes relative to the proper of sof my position as registered agent. (Registered agent's since ity and address of the person(s) who has Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer Sary) Jeremy Traster (same address) of existence, no more than 90 days old, do of which it is organized. (If the certificate	registered agent and agree to a and complete performance of manufermance of ma	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 o having custody of records in the dation of the certificate under oath

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 "LINCOLN PREF HOLDCO, 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 ELEVENTH DAY OF JUNE, A.D. 2019.

Authentication: 203005596

Date: 06-11-19

7462182 8300 SR# 20195377876

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LINCOLN PREF HOLDCO, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JUNE, A.D. 2019, AT 6 O'CLOCK P.M.



6

Authentication: 203005595

Date: 06-11-19

7462182 8100 SR# 20195377876 State of Delaware
Secretary of State
Division of Corporations
Delivered 06:00 PM 06/11/2019
FILED 06:00 PM 06/11/2019
SR 20195377876 - File Number 7462182

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Lincoln Pref Holdoo, LLC					
Incated at 160 Greentree Drive, Suite 101	ed liability company in the State of Delaware is (street),				
In the City of Dover	Zip Codc 19904				
liability company may be served is Natio	ress upon whom process against this limited nal Registered Agents, Inc.				
	ву:				
	Authorized Person				
Na	me: Daniel Ados				
	Print or Type				