M19000007848

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400332673904

08/07/19--01118--014 ••121.00



AUG 15 2019 M. SOLOMON

COVER LETTER

то:	Registratio Division of	n Section Corporations	,				
	KCM !	Multi Davenpo	rtjLLC			4	
SUBJE	CT:			imited Liability C	Company		
						. D. 7	
The end Existen	closed "Appli ce, and check	cation by Fore are submitted	ign Limited Liability Compa to register the above referen	iny for Authoriza nced foreign limit	non to 1 rai ed liability	nsact Business in Florida," Co company to transact business	s in Florida.
Please t	return all cori	respondence co	oncerning this matter to the f	ollowing:			
	Т	atjana Martin					
			Na	me of Person			
	K	awa Capital M	anagement, Inc.				
			Fir	т/Сотрапу			
	2	500 Biscayne	Blvd. Suite 700				
				Address			
	A	ventura, FL 33	180				
			City/Sta	ate and Zip Code			
	Tat	jana@kawa.co	m				
			E-mail address: (to be used	for future annual	report noti	fication)	
For fur	ther informat	ion concerning	this matter, please call:				
	Tatjana Ma	artin		305 at (560-521	6	
		Name of	Contact Person	Area Code	Dayı	time Telephone Number	
	Division of Registratio P.O. Box 6				Division of Registration Clifton Bo 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose	ed is a check \$125.00	for the followi Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert 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:

(If no me many silable enter allegants	name adopted for the purpose of transacting busines	s in Florida. The alter	nete name must include "I imite	d Liability Company	"". I. C " or "I.	
2. Delaware	name adopted to the purpose of transacting outsides		34-2587102	a maciniy company	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,
	which to reign limited liability company is organized)			number, if applicabl	c)	_
4						
	(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	prior to registration) determine penalty liab	piluy)			
5. 21500 Biscayne Blvd		6. <u>2</u>	1500 Biscayne Blvd.		<u></u>	_ ~2
(Street Address o	Principal Office)	S	(Mailing te 700	(Address)	•	2
Aventura, FL 33180		_	ventura, FL 33180		<u>.</u> ; - ·	- A UG
		_				
7. Name and street address	ess of Florida registered agent: (P.O	. Box <u>NOT</u> ace	ceptable)			- P
Name:	Kawa Capital Management, Inc.					55 55
Office Address:	21500 Biscayne Blvd. Ste 700				स <u>.</u>	2
	Aventura		, Florida <u>33180</u>			-
	(City)			p code)		
Having been named as i designated in this applic to comply with the provi	ptance: registered agent and to accept servic ation, I hereby accept the appointm sions of all statutes relative to the p ns of my position as registered agen	ent as register roper and com	ed agent and agree to	act in this cap	pacity. I fur	ther agree
Having been named as a designated in this applicate to comply with the provi	registered agent and to accept service ation, I hereby accept the appointments sions of all statutes relative to the pens of my position as registered agents.	nent as register roper and com at.	ed agent and agree to	act in this cap	pacity. I fur	ther agree
Having been named as a designated in this applic to comply with the provious and accept the obligation	registered agent and to accept service ation, I hereby accept the appointmessions of all statutes relative to the pens of my position as registered agent (Registered	nent as registers roper and com nt. agent's signature)	ed agent and agree to plete performance of	act in this cap my duties, and	pacity. I fur	ther agree
Having been named as a designated in this applic to comply with the provious and accept the obligation	registered agent and to accept service ation, I hereby accept the appointments sions of all statutes relative to the pens of my position as registered agents.	nent as registers roper and comp nt. agent's signature) who has/have au	ed agent and agree to plete performance of	act in this cap my duties, and 	pacity. I fun	ther agree iar with
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or ca	registered agent and to accept service ation, I hereby accept the appointment is sons of all statutes relative to the pens of my position as registered agent (Registered pacity and address of the person(s) was Name and Address: Daniel Ades	agent's signature) who has/have au Tith	ed agent and agree to plete performance of thority to manage is/a	act in this cap my duties, and re: Name a	pacity. I fund I am famil d I am famil and Address a Baldim	ther agree iar with
designated in this applic to comply with the provi and accept the obligatio 8. The name, title or ca <u>Title or Capacity:</u>	registered agent and to accept service ation, I hereby accept the appointment is sons of all statutes relative to the pens of my position as registered agent (Registered pacity and address of the person(s) was Name and Address:	agent's signature) who has/have au Tith	ed agent and agree to plete performance of thority to manage is/at	re: Name 3 Cristin 21500	oacity. I fund I am famil	ther agree iar with Si
Having been named as a designated in this applicate to comply with the provious and accept the obligation. 8. The name, title or can Title or Capacity:	registered agent and to accept service ation, I hereby accept the appointment is sons of all statutes relative to the pens of my position as registered agent (Registered pacity and address of the person(s) was Name and Address: Daniel Ades 21500 Biscayne Blvd. S	agent's signature) who has/have au Titl Aut	ed agent and agree to plete performance of thority to manage is/at	re: Name 3 Cristin 21500 Aventu	nacity. I fund I am famil and Address Baldim Biscayne Bl	ther agree iar with SE vd. Ste 700
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can Title or Capacity: Authorized Officer	registered agent and to accept service ation, I hereby accept the appointment is sions of all statutes relative to the pens of my position as registered agent (Registered pacity and address of the person(s) was Name and Address: Daniel Ades 21500 Biscayne Blvd. Service Aventura, FL 33180	agent's signature) who has/have au Title Aut	ed agent and agree to plete performance of the performance of the performance of the performance is a conclusive or Capacity:	re: Name 3 Cristin 21500 Aventu Carlos 21500	and Address a Baldim Biscayne Blura, FL 33180 Felipe Leme	ther agree iar with Ste 700 Os vd. Ste 700
Having been named as a designated in this applicate to comply with the provious and accept the obligation. 8. The name, title or can Title or Capacity: Authorized Officer Authorized Officer	pacity and address of the person(s) water and Address: Daniel Ades 21500 Biscayne Blvd. S Aventura, FL 33180 Authorized Officers	agent's signature) who has/have au Title Aut te 700 Autho Bruno	thority to manage is/ate or Capacity: horized Officer rized Officer Piacentini	re: Name : Cristin 21500 Avente Carlos 21500 Avente	nacity. I fund I am famil and Address a Baldim Biscayne Blura, FL 33180	ther agree iar with Ste 700 Os vd. Ste 700
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: Authorized Officer Authorized Officer (Use attachments if necessity)	pacity and address of the person(s) water and Address: Daniel Ades 21500 Biscayne Blvd. S Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. S Aventura, FL 33180 Authorized Officer Jeremy Traster (same address:	agent's signature) who has/have au Titl Aut te 700 Autho Bruno S) Avent	thority to manage is/ate or Capacity: horized Officer rized Officer Piacentini Biscayne Blvd. Ste 76 ura, FL 33180	re: Name : Cristin 21500 Avente Carlos 21500 Avente	nad Address a Baldim Biscayne Blura, FL 3318 Felipe Lemo Biscayne Blura, FL 3318	ther agree iar with SE O O O O O O O O O O O O O
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: Authorized Officer Authorized Officer (Use attachments if necessary). Attached is a certifical	pacity and address of the person(s) water and Address: Daniel Ades 21500 Biscavne Blvd. S Aventura, FL 33180 Alexandre Saverin 21500 Biscavne Blvd. S Aventura, FL 33180 Authorized Officer Sessary) Jeremy Traster (same address te of existence, no more than 90 days terms of all statutes relative to the person (s) was registered agent (Registered agent) (Regis	agent's signature) who has/have au Titl Aut te 700 Autho Bruno s) Avent s old, duly autho	thority to manage is/ate or Capacity: horized Officer rized Officer Piacentini Biscayne Blvd. Ste 76 ura, FL 33180 enticated by the officia	re: Name : Cristin 21500 Avente Carlos 21500 Avente Oo al having custo	and Address a Baldim Biscayne Blura, FL 3318 Felipe Lemo Biscayne Blura, FL 3318	ther agree iar with SE Vol. Ste 700 O O O O O O O O O O O O
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: Authorized Officer Authorized Officer (Use attachments if necessary). Attached is a certifical	pacity and address of the person(s) water and Address: Daniel Adds 21500 Biscayne Blvd. S Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. S Aventura, FL 33180 Authorized Officer essary) Jeremy Traster (same address) of the person of the p	agent's signature) who has/have au Titl Aut te 700 Autho Bruno s) Avent s old, duly autho	thority to manage is/ate or Capacity: horized Officer rized Officer Piacentini Biscayne Blvd. Ste 76 ura, FL 33180 enticated by the officia	re: Name : Cristin 21500 Avente Carlos 21500 Avente Oo al having custo	and Address a Baldim Biscayne Blura, FL 3318 Felipe Lemo Biscayne Blura, FL 3318	ther agree iar with SE Vol. Ste 700 O O O O O O O O O O O O
Having been named as a designated in this applicate comply with the proviand accept the obligation. 8. The name, title or cate Title or Capacity: Authorized Officer Authorized Officer (Use attachments if necessity is a certificate purisdiction under the law of the translator must be a complete the c	pacity and address of the person(s) water and address of the person(s) water and address: Daniel Ades 21500 Biscayne Blvd. S Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. S Aventura, FL 33180 Authorized Officer essary) Jeremy Traster (same address of the person(s) water (same address) are of existence, no more than 90 days of which it is organized. (If the cer submitted)	agent's signature) who has/have au Titl Aut te 700 Autho Bruno s) Avent s old, duly autho tificate is in a fe	thority to manage is/ate or Capacity: horized Officer rized Officer Piacentini Biscayne Blvd. Ste 76 ura, FL 33180 enticated by the official oreign language, a trans-	re: Name a Cristin 21500 Aventa Carlos 21500 Aventa O al having custo aslation of the	nacity. I furnite d I am familiand Address a Baldim Biscayne Blura, FL 3318 Felipe Lemo Biscayne Blura, FL 3318 ody of record certificate un	wd. Ste 700 0 0s vd. Ste 700 0
Having been named as a designated in this applicate comply with the proviand accept the obligation. 8. The name, title or cate Title or Capacity: Authorized Officer Authorized Officer 9. Attached is a certificate jurisdiction under the law of the translator must be 10. This document is except.	pacity and address of the person(s) water and Address: Daniel Ades 21500 Biscayne Blvd. S Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. S Aventura, FL 33180 Authorized Officer essary) Jeremy Traster (same address of the cer submitted)	agent's signature) who has/have au Titl Aut te 700 Autho Bruno s) Avent s old, duly autho tificate is in a fe	thority to manage is/ate or Capacity: horized Officer rized Officer Piacentini Biscayne Blvd. Ste 76 ura, FL 33180 enticated by the official oreign language, a trans-	re: Name a Cristin 21500 Aventa Carlos 21500 Aventa O al having custo aslation of the	nacity. I furnite d I am familiand Address a Baldim Biscayne Blura, FL 3318 Felipe Lemo Biscayne Blura, FL 3318 ody of record certificate un	wd. Ste 700 0 0s vd. Ste 700 0

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KCM MULTI DAVENPORT, 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 AUGUST, A.D. 2019.

7542110 8300

SR# 20196290250

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

Jeffrey W. Bulliock, Becretary of State

Authentication: 203334790

Date: 08-02-19