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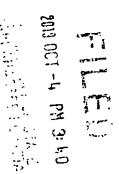
(Requestor's Name)	
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COVER LETTER

TO:		ation Section n of Corporation	ns						
SUBJE	KC ECT:	M Upper East M	ladison, LLC						
		-	Name of	Limited Liability	Company				
The en Exister	closed "A ace, and cl	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	pany for Authoriza enced foreign limi	ution to Tra ted liability	insact Business in y company to tran	Florida," sact busin	Certifi less in	icate o Florida
Please	return all	correspondence c	concerning this matter to the	following:					
		Tatjana Martin							
			N	ame of Person					
Kawa Capital Management, Inc.									
	Firm/Company 21500 Biscayne Blvd. Suite 700							•	
	Address Aventura, FL 33180								
							;;;	26	
	City/State and Zip Code					· - (;	30 81	7	
		Tatjana@kawa.c	om					- 13	#*************************************
	-		E-mail address: (to be used	l for future annual	report noti	ification)	- ;; ·	·E	i gaege
For fur	ther inforr	nation concerning	g this matter, please call:				<u>::</u> ,	PH 3:	
	Tatjana	Martin		305 at (560-521	16	#1	0 ¥ 0	٠.
		Name o	f Contact Person	Area Code	Dayı	time Telephone N	lumber		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filir Certified Copy	ng Fee &	□ \$160.00 Filin of Status & Cert			:e

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 KCM Upper East Ma	dison, LLC		
(Name of Foreig	gn Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LI.C	.")
(If name unavailable, enter alternate	e name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited I	.iability Company," "L.L.C." or "LLC.")
2. Delaware		3. 84-3188676	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI nu	imber, if applicable)
4			
	(Date first transacted business in Florida, if prior to i (See sections 605.0904 & 605.0905, F.S. to determine	registration) ne penalty liability)	
5. 21500 Biscayne Blve		6. 21500 Biscayne Blvd.	
(Street Address of Ste 700	of Principal Office)	(Mailing A	ddress)
		Ste 700	
Aventura, FL 33180		Aventura, FL 33180	<u></u>
7. Name and street addr	ess of Florida registered agent: (P.O. Box	NOT acceptable)	name.
Name:	Kawa Capital Management, Inc.		
Office Address	21500 Biscayne Blvd. Ste 700		ب رب
	Aventura	Fig. 33180	.,∴ 🖰
	(City)	, Florida 33180	ode)
	ns of my position as registered agent. (Registered agent's s	ijenstive)	
	•		
8. The name, title or ca <u>Title or Capacity:</u>	pacity and address of the person(s) who ha Name and Address:	s/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Authorized Officer	Daniel Ades	Authorized Officer	Cristina Baldim
	21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	-	21500 Biscayne Blvd. Ste 70 Aventura, FL 33180
Authorized Officer	Alexandre Saverin	Authorized Officer	Carlos Felipe Lemos
	21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	Authorized Officer	21500 Biscayne Blvd. Ste 70 Aventura, FL 33180
(Use attachments if nece	Authorized Officer essary) Jeremy Traster (same address)	Bruno Piacentini 21500 Biscayne Blvd. Ste 700	_
9. Attached is a certifical	te of existence, no more than 90 days old, o	Aventura, FL 33180 July authenticated by the official I	having custody of records in the
jurisdiction under the lay of the translator must be	v of which it is organized. (If the certificate submitted)	e is in a foreign language, a transl	ation of the certificate under oath
10. This document is exe	ecuted in accordance with section 605.0203 to the Department of State constitutes a thi	(1) (b), Florida Statutes, I am aw	are that any false information
	1	The desired resons as provided for it	- 0.0 t 111 Dug 4 10.
	Signature	of an authorized person	
	3. 9. mac (
	Daniel Ades		
	Typed or	printed name of signee	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "KCM UPPER EAST MADISON, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2019.

Authentication: 203660370

Date: 09-24-19