1200000000093

(Ře	equestor's Name)	
(Ac	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
· · · · · · · · · · · · · · · · · · ·		

Office Use Only



400337838184

12/19/19--01016--020 **125.00

2019 DEL 19 F14 3: 58

T GLASS JAN 15 2020

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	KCM Harley, LLC					
SUBJECT:			Limited Liability (Company		_
		reign Limited Liability Comp ed to register the above refero				
Please return	all correspondence	concerning this matter to the	following:			
	Tatjana Martin	ı				
		N.	ame of Person	-	-	_
	Kawa Capital	Management, Inc.				
		Fi	irm/Company			_
	21500 Biscayr	e Blvd. Suite 700				
			Address			_
	Aventura, FL	33180				
		City/S	tate and Zip Code			
	Tatjana@kawa.o	com				
		E-mail address: (to be used	d for future annual	report no	tification)	_
For further in	formation concerning	ng this matter, please call:				2019 ()
Tatj	ana Martin		305 at (560-52	116	
	Name o	of Contact Person	Area Code	_/Day	ytime Telephone Number	- 61
Divi Reg P.O.	ision of Corporation istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	թ։ 3։ Տ 8
	check for the follow 125.00 Filing Fee	ving amount; □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, of Status & Certified Co	

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 name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lia	bility Company," "L.L C," or "LLC.")
2. Delaware		3. 84-3893034	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI num	per, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.)	
5 21500 Biscayne Blvd		6. 21500 Biscayne Blvd.	
5. (Street Address of		6. Mailing Add	ress)
Ste 700		Ste 700	
Aventura, FL 33180		Aventura, FL 33180	
	ess of Florida registered agent: (P.O. Box Kawa Capital Management, Inc.	NOT acceptable)	
Name:			
Office Address:	21500 Biscayne Blvd. Ste 700		
	Aventura	Florida 33180	
	(City)	, Florida <u>33180</u> (Zip cod	 e)
Having been named as r designated in this applic to comply with the provi	ptance: egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act	in this capacity. I further agree
designated in this applic to comply with the provi	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act and complete performance of my	in this capacity. I further agree duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi and accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's services agent's services)	s registered agent and agree to act and complete performance of my	in this capacity. I further agree duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi and accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act and complete performance of my	in this capacity. I further agree
Having been named as r designated in this applic to comply with the proviand accept the obligation 8. The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's pacity and address of the person(s) who has	s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are:	in this capacity. I further agree duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi and accept the obligation 8. The name, title or cap Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's pacity and address of the person(s) who has Name and Address:	s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Authorized Officer	in this capacity. I further agree duties, and I am familiar with Name and Address: Cristina Baldim 2 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180
Having been named as r designated in this applic to comply with the provious and accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer	egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's contact and address of the person(s) who has a Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Authorized Officer	Name and Address: Cristina Baldim 2 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180
Having been named as r designated in this applic to comply with the provi and accept the obligation 8. The name, title or cap Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's contact and address of the person(s) who has a Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin	signature) signature) signature) S/have authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer	Name and Address: Cristina Baldim 2 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 Carlos Felipe Lemos
Having been named as r designated in this applic to comply with the provious and accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer	egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's contact and address of the person(s) who has a Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	sregistered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer	Name and Address: Cristina Baldim 2 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180
Having been named as r designated in this applic to comply with the provious and accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer	egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's contact and address of the person(s) who has a Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer	sregistered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700	Name and Address: Cristina Baldim 2 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 70 Coo
Having been named as r designated in this applic to comply with the provi and accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer Authorized Officer (Use attachments if neces.)	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's of the person(s) who has a 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 ssary) Jeremy Traster (same address) et of existence, no more than 90 days old, or of which it is organized. (If the certificate	sregistered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 duly authenticated by the official ha	Name and Address: Cristina Baldim 2 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 Aventura, FL 33180
Having been named as a designated in this applic to comply with the provious and accept the obligation. 8. The name, title or capacity: Authorized Officer Authorized Officer (Use attachments if neces a certificate jurisdiction under the law of the translator must be 10. This document is exes	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's pacity and address of the person(s) who has a Name and Address: Daniel Ades 21500 Biscavne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscavne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer ssary) Jeremy Traster (same address) the of existence, no more than 90 days old, or of which it is organized. (If the certificate submitted) ceuted in accordance with section 605.0203	signature) signature) signature) signature) s/have authority to manage is/are:	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 co Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 aving custody of records in the ion of the certificate under oath
Having been named as a designated in this applic to comply with the provious and accept the obligation. 8. The name, title or capacity: Authorized Officer Authorized Officer (Use attachments if neces a certificate jurisdiction under the law of the translator must be 10. This document is exes	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper as of my position as registered agent. (Registered agent's conscious and address of the person(s) who has a Name and Address: Daniel Ades 21500 Biscavne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscavne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer ssary) Jeremy Traster (same address) the of existence, no more than 90 days old, or of which it is organized. (If the certificate submitted)	signature) signature) signature) signature) s/have authority to manage is/are:	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 co Carlos Felipe Lemos 21500 Biscayne Blvd. Ste 70 Aventura, FL 33180 aving custody of records in the ion of the certificate under oath

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "KCM HARLEY, 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 SIXTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 Divi 19 Pri 3: 58



Authentication: 204155430

Date: 12-06-19