

ma0000005854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

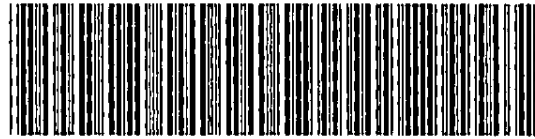
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7:11 PM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KCP Mid-Atlantic Ground Portfolio Manager, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tatjana Martin

\_\_\_\_\_  
Name of Person

Kawa Capital Management, Inc.

\_\_\_\_\_  
Firm/Company

21500 Biscayne Blvd. Suite 700

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

Tatjana@kawa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tatjana Martin

305

560-5216

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2020

TATJANA MARTIN  
21500 BSICAYNE BLVD STE 700  
AVENTURA, FL 33180

SUBJECT: KCP MID-ATLANTIC GROUND PORTFOLIO MANAGER, LLC  
Ref. Number: W20000061430

We have received your document for KCP MID-ATLANTIC GROUND PORTFOLIO MANAGER, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or our filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (305) 245-6051.

By L Lemieux  
Regulatory Specialist II

Letter Number: 220A00011986

**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. KCP Mid-Atlantic Ground Portfolio Manager, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 85-0780515  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Has not done business in Florida yet  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

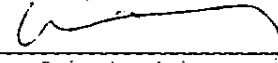
5. 21500 Biscayne Blvd. 6. 21500 Biscayne Blvd.  
(Street Address of Principal Office) (Mailing Address)  
Ste 700  
Aventura, FL 33180

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kawa Capital Management, Inc.  
Office Address: 21500 Biscayne Blvd. Ste 700  
Aventura, Florida 33180  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

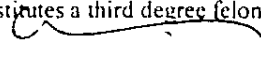
  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Officer</u>	<u>Daniel Ades</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>	<u>Authorized Officer</u>	<u>Cristina Baldim</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>
<u>Authorized Officer</u>	<u>Alexandre Saverin</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>	<u>Authorized Officer</u>	<u>Carlos Felipe Lemos</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>
<u>attachments if necessary)</u>	<u>Authorized Officer</u> <u>Jeremy Traster (same address)</u>	<u>Authorized Officer</u> <u>Bruno Piacentini</u> <u>21500 Biscayne Blvd. Ste 700</u> <u>Aventura, FL 33180</u>	

ached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
ction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
translator must be submitted)

s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information  
ed in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person  
Daniel Ades  
Typed or printed name of signer

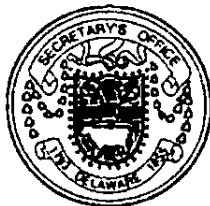
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KCP MID-ATLANTIC GROUND PORTFOLIO MANAGER, 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 JUNE, A.D. 2020.

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



7943180 8300

SR# 20205867709

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203163155

Date: 06-24-20