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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

| то: | Registration Section Division of Corporations | |
|--------|--|---------------|
| SUBJI | KCP Knitting, LLC | |
| | Name of Limited Liability Company | |
| | osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," e, and check are submitted to register the above referenced foreign limited liability company to transact business. | |
| Please | eturn 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 fu | ner information concerning this matter, please call: | C 1 |
| | Tatjana Martin 305 560-5216 at () | : ਜ਼ :: |
| | Name of Contact Person Area Code Daytime Telephone Number | Ē. |
| | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclos | l is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Ce Certificate of Status Certified Copy of Status & Certified Cop | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign | Limited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LLC." | <u> </u> |
|--|--|---|---|
| (Name of Foreign | Zamoo Zashiy Company, masi menadi hiiminca | onipality, District, or line. | , |
| name unavailable, enter alternate r | ame adopted for the purpose of transacting business in Flori | ida. The alternate name must include "Limited Lia | ability Company," "L.1C," or "Ll.C.") |
| Delaware | | 3. 85-3813592 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | (FEI num | iber, if applicable) |
| Has not done business | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin | egistration.) se penalty liability) | |
| 21500 Biscayne Blvd. | | 6. 21500 Biscayne Blvd. | |
| (Street Address of Ste 700 | Principal Office) | (Mailing Add | dress) |
| Aventura, FL 33180 | | Aventura, FL 33180 | |
| | | | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | |
| Name: | Kawa Capital Management, Inc. | | |
| Office Address: | 21500 Biscayne Blvd. Ste 700 | | |
| | Aventura | , Florida 33180 (Zip co | |
| | (City) | (Zip co | de) |
| comply with the provis | tion, I hereby accept the appointment as ions of all statutes relative to the proper o s of my position as registered agent. | registered agent and agree to act | |
| comply with the provis | tion, 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 act and complete performance of my | t in this capacity. L'further ag |
| comply with the provis | tion, I hereby accept the appointment as ions of all statutes relative to the proper of | registered agent and agree to act and complete performance of my | t in this capacity. L'further ag |
| comply with the provis ad accept the obligation | tion, 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 act and complete performance of my | t in this capacity. L'further ag |
| comply with the provis and accept the obligation The name, title or cap | tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent. (Registered agent's sincity and address of the person(s) who has | registered agent and agree to act and complete performance of my ignature) s/have authority to manage is/are: | t in this capacity. I further ag duties, and I am familiar wit |
| comply with the provisated accept the obligation The name, title or capacity: | 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 act and complete performance of my ignature) s/have authority to manage is/are: Title or Capacity: Authorized Officer | t in this capacity. I further ag duties, and I am familiar wit |
| comply with the provised accept the obligation The name, title or capacity: | tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of 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 | registered agent and agree to act and complete performance of my ignature) s/have authority to manage is/are: Title or Capacity: Authorized Officer | Name and Address: Cristina Baldim 21500 Biscayne Blvd, Ste |
| comply with the provisal accept the obligation The name, title or capt Title or Capacity: Authorized Officer | tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of 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 Ayentura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. Ste 700 | 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 21500 Biscayne Blvd, Ste Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd, Ste |
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| The name, title or capter and accept the obligation. The name, title or capter and accept the or Capacity: Authorized Officer | ition, I hereby accept the appointment as ions of all statutes relative to the proper of s of 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 Authorized Officer | registered 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 21500 Biscayne Blvd, Ste Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd, Ste |
| comply with the provisate accept the obligation The name, title or caparity: Authorized Officer Authorized Officer Use attachments if neces Attached is a certificate risdiction under the law | Alexandre Saverin Alexandre Saverin Alexandre Saverin Alexandre Saverin Alexandre Saverin Authorized Officer Sary) Jeremy Traster (same address) of existence, no more than 90 days old, dof which it is organized. (If the certificate | registered 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 h. | Name and Address: Cristina Baldim 21500 Biscayne Blvd, Ste Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd, Ste Aventura, FL 33180 |
| comply with the provisand accept the obligation The name, title or capacity: Authorized Officer Authorized Officer Use attachments if neces Attached is a certificate or instinction under the law of the translator must be second. This document is executed. | Alexandre Saverin Alexandre Saverin Alexandre Saverin Alexandre Saverin Alexandre Saverin Authorized Officer Sary) Jeremy Traster (same address) of existence, no more than 90 days old, dof which it is organized. (If the certificate | registered agent and agree to act and complete performance of my 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 fully authenticated by the official he is in a foreign language, a translation (1) (b), Florida Statutes. I am awa | Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste Aventura, FL 33180 aving custody of records in the |
| comply with the provisand accept the obligation The name, title or capacity: Authorized Officer Authorized Officer Use attachments if neces Attached is a certificate or instinction under the law of the translator must be second. This document is executed. | 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 ubmitted) other Department of State constitutes a thir | registered agent and agree to act and complete performance of my 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 fully authenticated by the official he is in a foreign language, a translation (1) (b), Florida Statutes. I am awa | Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste Aventura, FL 33180 aving custody of records in the |

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KCP KNITTING, 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 NINTH DAY OF NOVEMBER, A.D. 2020.

Authentication: 204034536

Date: 11-09-20

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