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### COVER LETTER

TO:	Registration Section Division of Corporatio	ns			:	
	KCM Blinc Lender					•
SUBJ			Limited Liability (	Company		-
		Name of	Linnied Liability (	Company		
The er Existe	nclosed "Application by Fonce, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limit	ition to Tra ted liability	ansact Business in Florida, y company to transact busi	" Certificate of ness in Florida.
Please	return all correspondence	concerning this matter to the	following:			
	Tatjana Martir	ı				
		N	ame of Person			-
	Kawa Capital	Management, Inc.				
		F	irm/Company			-
	21500 Biscayr	ne Blvd. Suite 700				
	Address					-
	Aventura, Fl.	33180				<b>20</b> 21
		City/S	tate and Zip Code			
	Tatjana@kawa.c					
		E-mail address: (to be use	d for future annual	report not	tification)	There To
For fu	rther information concerning	ng this matter, please call:				2021 MAY 17 PM 12: 37 A CYCTARY BE STATE A CALASSES FLOAD
	Tatjana Martin		305 at (	560-52	16	<u> </u>
	Name	of Contact Person	Area Code	Day	time Telephone Number	_
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding centive Center Circle see, FL 32301	
Enclos	sed is a 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, Cof 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:

	ame adopted for the purpose of transacting business in Florie	da. The alternate name must include "Limited	Liability Company," "L.I.	C," or "LLC.")
2. Delaware		3. 86-3737965		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) e penalty liability)		
3. 21500 Biscayne Blvd.		6. 21500 Biscayne Blvd.		
(Street Address of Ste 700	Principal Office}	Ste 700	Address)	
Aventura, FL 33180		Aventura, FL 33180	_	7
				<u> </u>
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
	Kawa Capital Management, Inc.			5. 5.
Name:				2- ω
Office Address:	21500 Biscayne Blvd. Ste 700			Ç.: 1
	Aventura	, Florida <u>33180</u>		
	(City)	(Zip	code)	
laving been named as re lesignated in this applica o comply with the provis	gistered agent and to accept service of pi 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 and agree to and complete performance of t	act in this capacity	e. I further agre
Having been named as re- lesignated in this applica- to comply with the provis- and accept the obligation	gistered agent and to accept service of position. I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  (Registered agent's significant or services)	registered agent and agree to and complete performance of t	act in this capacity my duties, and I ar	. I further agre
Having been named as re- lesignated in this applica- to comply with the provis- and accept the obligation	gistered agent and to accept service of pi 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 and agree to and complete performance of t	act in this capacity my duties, and I ar	v. I further agre n familiar with
Having been named as re- lesignated in this applica- to comply with the provis- and accept the obligation 8. The name, title or cap	rgistered agent and to accept service of position. I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's signature and address of the person(s) who has	registered agent and agree to and complete performance of registered agent and complete performance of registered agents.	act in this capacity my duties, and I ar e: Name and I Cristina Bal	s. I further agre n familiar with Address: dim
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designated in this application comply with the provision accept the obligation.  8. The name, title or capative and accept the obligation.  Authorized Officer  Authorized Officer  (Use attachments if necessor). Attached is a certificate urisdiction under the law of the translator must be second. This document is executed.	gistered agent and to accept service of position. I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's signature and address of the person(s) who has 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 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 and complete performance of rand complete performance is authorized Officer  Authorized Officer  Authorized Officer  Bruno Piacentini 21500 Biscayne Blvd. Ste 70  Aventura, FL 33180  July authenticated by the official is in a foreign language, a transition of the complete performance of random complete performance of ra	e:  Name and A  Cristina Bal  21500 Bisca Aventura, F  Carlos Felip  21500 Bisca Aventura, F	Address: dim syne Blvd. Ste 76 L 33180  be Lemos syne Blvd. Ste 76 L 33180  f records in the facte under oath

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "KCM BLINC LENDER, 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 FIFTH DAY OF MAY, A.D. 2021.



Authentication: 203135962

Date: 05-05-21

5895666 8300 SR# 20211601832

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "KCM BLINC LENDER,
LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF MAY, A.D. 2021,
AT 11:28 O'CLOCK A.M.



Authentication: 203135961

Date: 05-05-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:28 AM 05/05/2021
FILED 11:28 AM 05/05/2021
SR 20211601832 - File Number 5895666

#### STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

. . . .

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited	I liability company is NOM Bline Lender, LLC	
2. The Registered Office of	of the limited liability company in the State	of Delaware is
located at 1209 Orange St.	, , ,	(street),
in the City of Wilmington	, Zip Code 19801	. The
name of the Registered Agent a liability company may be serve	at such address upon whom process against d is National Registered Agents, Inc.	this limited
	Docusigned by: Cristina Baldim	
	By:Authorized Perso	n
	Name: Cristina Baldim	
	Print or Type	