M2100007739

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

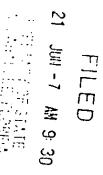
Office Use Only



800367662208

RECEVIED

06/08/21--01006--011 **125.00





COVER LETTER

то:	Registration Section Division of Corporation	ons						
·**	, ,				ķ,			
SUBJI	KCM Commercial	PACE, LLC						
		Name of	Limited Liability (Company				
					ansact Business in Florida," Certificate o y company to transact business in Florida			
Please	return all correspondence	concerning this matter to the	following:					
	Tatjana Martir	ì						
		N	ame of Person					
	Kawa Capital	Management, Inc.						
		F	irm/Company					
	21500 Biscayne Blvd. Suite 700							
	 		Address					
	Aventura, FL	33180						
		City/S	tate and Zip Code		"			
	Tatjana@kawa.							
		E-mail address: (to be use	d for future annual	report no	tification)			
For fu	ther information concerning	ng this matter, please call:						
	Tatjana Martin		305 at (560-52	216			
	Name	of Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations				Division	<u>FADDRESS:</u> of Corporations			
Registration Section			Registration Section					
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle					
	rananassee, PL 32314				see. Fl. 32301			
Enclos	ed is a check for the follow		Elléras ao mili	Ca- 0.				
	■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g ree oc	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605,0002, 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 i	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Lia	bility Company," "L.L.C." or "LLC.")		
Delaware	and another for the purpose of anothering ordinary in the	2 86-3837720	and confirm, the city of the city		
	hich foreign limited liability company is organized)	J	ber, if applicable)		
i.					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ee penalty liability)			
21500 Biscayne Blvd.		6. 21500 Biscayne Blvd. (Mailing Address) Stc 700			
(Street Address of Ste 700	Principal Office)				
Aventura, FL 33180		Aventura, FL 33180			
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Box Kawa Capital Management, Inc.	NOT_acceptable)			
Office Address:	21500 Biscayne Blvd. Ste 700				
	Aventura	, Florida <u>33180</u>			
	(City)	(Zip cod	le)		
lesignated in this applica o comply with the provis	otance: egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent.	registered agent and agree to act	in this capacity. I further agra		
Taving been named as re lesignated in this applica o comply with the provis	egistered agent and to accept service of pation, 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	in this capacity. I further agra		
laving been named as relesignated in this applicate ocomply with the provisind accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's si	registered agent and agree to act and complete performance of my 	in this capacity. I further agra		
laving been named as relesignated in this applicate ocomply with the provisind accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent.	registered agent and agree to act and complete performance of my 	in this capacity. I further agra		
Having been named as relesignated in this applicate ocomply with the provisind accept the obligation 8. The name, title or cap	registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's since the person(s) who has	registered agent and agree to act and complete performance of my	in this capacity. I further agraduties, and I am familiar with Name and Address: Cristina Baldint		
Having been named as relesignated in this applicate occupily with the provisual accept the obligation 8. The name, title or cap	registered agent and to accept service of pation, I hereby accept the appointment as 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	in this capacity. I further agraduties, and I am familiar with Name and Address: Cristina Baldint 21500 Biscayae Blyd Ste 70 Aventura, FL 33180		
Having been named as relesignated in this applicate ocomply with the provisual accept the obligation 8. The name, title or cap Title or Capacity: Authorized Officer	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since a service agent and address of the person(s) who has Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	registered agent and agree to act and complete performance of my fignature) S/have authority to manage is/are: Title or Capacity: Authorized Officer	in this capacity. I further agreduties, and I am familiar with Name and Address: Cristina Balding 21500 Biscayne Blyd Ste 70 Aventura, FL 33180		
Having been named as relesignated in this applicate occupily with the provisual accept the obligation 8. The name, title or cap	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since a sacity and address of the person(s) who has Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin	registered agent and agree to act and complete performance of my agranue) Shave authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer	Name and Address: Cristina Baldint 21500 Biscavae Blyd Ste 70 Aventura FL 33180 Carlos Felip Cemos		
Having been named as relesignated in this applicate ocomply with the provisual accept the obligation 8. The name, title or cap Title or Capacity: Authorized Officer	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since a service of my position as registered agent. (Registered agent's since a service agent's since agent's since a service agent's since a service agent's since agent's since a service agent's since agent's since a service agent's since agent's since a service agent's since a service agent's since agent'	registered agent and agree to act and complete performance of my spanner schave authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with Name and Address: Cristina Balding 21500 Biscayne Blyd Ste 70 Aventura, FL 33180		
Having been named as relesignated in this applicate ocomply with the provisual 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 ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent's since a sacity 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 and complete performance of my software. Shave authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700	Name and Address: Cristina Balding 21500 Biscavae Blyd Ste 70 Aventura FL 33180 Carlos Felip Demos 21500 Biscayne Blyd Ste 70		
Having been named as relesignated in this applicate of comply with the provisual accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer Authorized Officer	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since a service of my position as registered agent. (Registered agent's since a service agent's since agent's since a service agent's since a service agent's since agent's since a service agent's since agent's since a service agent's since a service agent's since agent's since a service agent's since a service agent's since ag	registered agent and agree to act and complete performance of my and complete performance of my software. Shave authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	Name and Address: Cristina Balding 21500 Biscavae Blyd Ste 70 Aventura FL 33180		
Having been named as relesignated in this applicate of comply with the provisional accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer Authorized Officer (Use attachments if neces). Attached is a certificate.	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since a service agent's since and address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer Since a service agent's since agent's since a service agent's since ag	registered agent and agree to act and complete performance of my and complete performance of my software. Shave authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 July authenticated by the official ha	Name and Address: Cristina Balding 21500 Biscavae Blvd Ste 70 Aventura FL 33180 Aventura, FL 33180 aving custody of records in the		
Having been named as relesignated in this applicate ocomply with the provisual accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer Authorized Officer (Use attachments if necessary). Attached is a certificate urisdiction under the law of the translator must be seen application.	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since the person of my position as registered agent. (Registered agent's since the person of my position as registered agent. (Registered agent's since the person of my position as registered agent. (Registered agent's since the person of my position as registered agent. (Registered agent's since the person of my position as registered agent. (Registered agent of the person of my position as registered agent.) (Registered agent of the person of my position as registered agent.) (Registered agent of the person of my position as registered agent.) (Registered agent of my position as registered agent.) (Registered agent.)	registered agent and agree to act and complete performance of my and complete performance of my share: Shave authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 July authenticated by the official had is in a foreign language, a translational complete and complete to act and complet	Name and Address: Cristina Baldint 21500 Biscavae Blvd Ste 76 Aventura FL 33180 Carlos Felipe Demos 21500 Biscayne Blvd. Ste 76 Aventura, FL 33180 aving custody of records in the ion of the certificate under oath		
Having been named as relesignated in this applicate ocomply with the provisual accept the obligation. 8. The name, title or cap Title or Capacity: Authorized Officer Authorized Officer (Use attachments if necestarisdiction under the law of the translator must be so.). This document is executed.	registered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. (Registered agent's since a service agent's since and address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Authorized Officer Since a service agent's since agent's since a service agent's since ag	registered agent and agree to act and complete performance of my and complete performance of my share: Shave authority to manage is/are: Title or Capacity: Authorized Officer Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 July authenticated by the official had is in a foreign language, a translation (1) (b), Florida Statutes, I am away	Name and Address: Cristina Baldint 21500 Biscavae Blvd Ste 70 Aventura FL 33180 Carlos Felipe Demos 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

Page 1



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 COMMERCIAL PACE, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF MAY, A.D. 2021, AT 12:17 O'CLOCK P.M.



Authentication: 203180604

Date: 05-11-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:17 PM 05/11/2021
FILED 12:17 PM 05/11/2021
SR 20211702400 - File Number 5913526

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 liability company is KCM Commercial PACE, LLC					
2.	The Registered Office of at 1209 Orange St.	f the limited liability company in the State				
	City of Wilmington	, Zip Code 19801	(street), . The			
		such address upon whom process against				
	•	is National Registered Agents, Inc.				
			·			
		DocuSigned by:				
		Docusigned by: (ristina Baldim 20E3CA403E61467				
		By:2DE3CA403E61467				
		Authorized Persor	1			
		N. Cristina Baldina				
		Name: Cristina Baldim				
		Print or Type				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "KCM COMMERCIAL PACE, 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 ELEVENTH DAY OF MAY, A.D. 2021.



Authentication: 203180605

Date: 05-11-21