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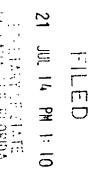
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• COVER LETTER

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TO:	Registration Section Division of Corpora					
SUBJE	KPI Repo Holdo	o, LLC				E
30001		Name of	Limited Liability (Company	•	
The en Exister	closed "Application by ice, and check are subm	Foreign Limited Liability Com litted to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida," (y company to transact busine	Certificate of ess in Florida.
Please	return all corresponden	ce concerning this matter to the	following:			
	Tatjana Ma	rtin				
		Ŋ	lame of Person			
	Kawa Capit	al Management, Inc.				
		ļ:	irm/Company			
	21500 Bisc	ayne Blvd. Suite 700				
			Address			
	Aventura, F	TL 33180				
		City/S	State and Zip Code			
	Tatjana@kav					
		E-mail address: (to be use	ed for future annual	report no	tification)	
For fur	ther information concer	ming this matter, please call:				
	Tatjana Martin		305 at (560-52		
	Nan	ne of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions		Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the fol \$125.00 Filing Fed		□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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:

rame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited I	.iability Company," "L.L.C," or "LLC,")
Delaware		3. 87-1602888	
(Jurisdiction under the law of w	uch foreign limited liability company is organized)		unber, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
21500 Biscayne Blvd.		6. 21500 Biscayne Blvd.	
(Street Address of E Ste 700	funcipal Office)	(Mailing A Ste 700	adress)
Aventura, FL 33180		Aventura, FL 33180	
Name: Office Address:	ss of Florida registered agent: (P.O. Box Kawa Capital Management, Inc. 21500 Biscayne Blvd. Ste 700		
Office Address.	Aventura	, Florida 33180	
	(City)	Zip c	code)
signated in this applica comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper	s registered agent and agree to a	ct in this capacity. I further ag
signated in this applica comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent	s registered agent and agree to a and complete performance of m	
signated in this applica comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper	s registered agent and agree to a and complete performance of m	ct in this capacity. I further ag
signated in this applica comply with the provisi d accept the obligation. The name, title or capa	tion, I hereby accept the appointment as fons of all statutes relative to the proper s of my position as registered agent. (Repsiered agent is a secity and address of the person(s) who ha	s registered agent and agree to a and complete performance of m signature)	ct in this capacity. I further ag y duties, and I am familiar wit
signated in this applica comply with the provisi d accept the obligation. The name, title or capa <u>Title or Capacity:</u>	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Repsiered agent is a city and address of the person(s) who has Name and Address:	s registered agent and agree to a and complete performance of m signature) is/have authority to manage is/are Title or Capacity:	ct in this capacity. I further ag y duties, and I am familiar wit
signated in this applica comply with the provisi d accept the obligation. The name, title or capa	tion, I hereby accept the appointment as fons of all statutes relative to the proper s of my position as registered agent. (Repsiered agent is a secity and address of the person(s) who ha	s registered agent and agree to a and complete performance of m signature) signature) s/have authority to manage is/are. Title or Capacity: Authorized Officer	ct in this capacity. I further ag y duties, and I am familiar wit
signated in this applical comply with the provision of accept the obligation. The name, title or capa are a capacity:	(Repsiered agent of the person(s) who ha Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700	s registered agent and agree to a and complete performance of m signature) signature) s/have authority to manage is/are. Title or Capacity: Authorized Officer	Name and Address: Cristina Baldim 21500 Biscayne Blyd. Ste
signated in this applicated my with the provision of accept the obligation. The name, title or capaarity: Authorized Officer	Restiered agent, soft my position as registered agent, soft my position as registered agent, so acity and address of the person(s) who ha Name and Address: Daniel Ades 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	signature) signature) signature) signature) Authorized Officer Authorized Officer Authorized Officer	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste Aventura, FL 33180 Carlos Felipe Lemos
rignated in this applicated myth the provision of accept the obligation. The name, title or capatitle or Capacity: Authorized Officer Authorized Officer	Repsiered agent of the person as registered agent of the proper of my position as registered agent of the proper of my position as registered agent of the person acity and address of the person (s) who has a Name and Address: Daniel Adds 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 Alexandre Saverin 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180	stregistered agent and agree to a and complete performance of my signature) as/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 Aventura, FL 33180
rignated in this applicated my with the provision of accept the obligation. The name, title or capatitle or Capacity: Authorized Officer Authorized Officer Authorized Officer	Restiered agent of my position as registered agent of my position as registered agent agent agent of my position as registered agent of my position as regis	Authorized Officer Bruno Piacentini 21500 Biscayne Blvd. Ste 700 Aventura, FL 33180 duly authenticated by the official	Name and Address: Cristina Baldim 21500 Biscayne Blvd. Ste Aventura, FL 33180 Carlos Felipe Lemos 21500 Biscayne Blvd. Ste Aventura, FL 33180 having 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 "KPI REPO HOLDCO, 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 SECOND DAY OF JULY, A.D. 2021.

6054593 8300 SR# 20212609263 Authentication: 203589600

Date: 07-02-21