

M21000011559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

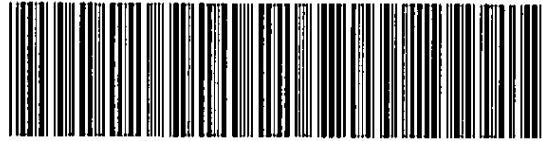
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2021 SEP -1 AM 9: 01
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2021

TATJANA MARTIN
21500 BISCAYNE BLVD SUITE 700
AVENTURA, FL 33180

SUBJECT: KPI LA JOLLA GP, LLC
Ref. Number: W21000109608

We have received your document for KPI LA JOLLA GP, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Authorized Office is not a acceptable for title for LLC filings.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 821A00018629

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KPI La Jolla GP, 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$135.00 Filing Fee & Certified Copy \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KPI La Jolla GP, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 87-1820999 (FEI number, if applicable)

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

FILED
2021 SEP -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
 Manager Name: Daniel Ades
 Member Address: 21500 Biscayne Blvd.
 Authorized Ste 700
Person Aventura, FL 33180
 Other Officer Other

Title or Capacity: **Name and Address:**
 Manager Name: Alexandre Saverin
 Member Address: 21500 Biscayne Blvd.
 Authorized Ste 700
Person Aventura, FL 33180
 Other Officer Other

Manager Name: Cristina Baldim
 Member Address: 21500 Biscayne Blvd.
 Authorized Ste 700
Person Aventura, FL 33180
 Other Officer Other

Manager Name: Carlos Felipe Lemos
 Member Address: 21500 Biscayne Blvd.
 Authorized Ste 700
Person Aventura, FL 33180
 Other Officer Other

Manager Name: Alexandre Saverin
 Member Address: 21500 Biscayne Blvd.
 Authorized Ste 700
Person Aventura, FL 33180
 Other Officer Other

Manager Name: Bruno Piacentini
 Member Address: 21500 Biscayne Blvd.
 Authorized Ste 700
Person Aventura, FL 33180
 Other Officer Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted 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

Cristina Baldim

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KPI LA JOLLA GP, 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 FIFTEENTH DAY OF JULY, A.D. 2021.



6087947 8300

SR# 20212711603

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 203686598

Date: 07-15-21