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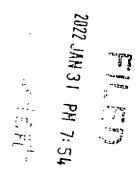
(Reques	stor's Name)		
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PICK-UP	WAIT MAIL		
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Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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S. FRANKLIN FEB 0 4 2022

	•				
•		COVER LETTER			
	ration Section on of Corporations		•		
	PI Resi Lendco, LLC				
		e of Limited Liability Company			
The enclosed "A Existence, and c	application by Foreign Limited Liability heck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida	f a.		
Please return all	correspondence concerning this matter t	o the following:			
	Tatjana Martin				
		Name of Person			
	Kawa Capital Management, Inc.				
		Firm/Company			
	21500 Biscayne Blvd. Suite 700	2027			
		Address	j		
	Aventura, FL 33180	Address	-53		
	C	ity/State and Zip Code ity/State and Zip Code used for future annual report notification)			
	Tatjana@kawa.com	المراجع	تحمور:		
	E-mail address: (to be	e used for future annual report notification)			
For further infor	mation concerning this matter, please cal	II:			
Tatjana	a Martin	305 560-5216 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	z Address: ration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

P.O. Box 6327

Tallahassee, FL 32314

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 TAMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. KPI Resi Lendco, LLC	1					
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	y Company," "L L.C ," or "LLC.")			
If name unavailable, enter alternate	name adopted for the purpose of transacting business in E	Florida The	alternate name must include "Limited Liabi	lity Company," "L.L.C." or "L1.C.")		
Delaware 2		7	87-2957093			
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	3			
4 ,						
· .	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registratio nine penalty	n.) Tiability)			
21500 Biscayne Blvd.		6	21500 Biscayne Blvd. (Mailing Address)	10.		
Street Address of Principal Office)		0.	(Mailing Address)	= 77		
Ste 700			Ste 700	3		
Aventura, FL 33180			Aventura, FL 33180	14.555 PH		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u>	acceptable)	PH 7:54		
Name:	Kawa Capital Management, Inc.					
Office Address:	21500 Biscayne Blvd. Ste 700					
	Aventura		33180 Florida			
	(City)		(Zip code)			

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.

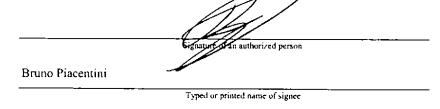
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Daniel Ades	□Manager	Name: Alexandre Saverin
□Member	Address: 21500 Biscayne Blvd.	□Member	Address: 21500 Biscayne Blvd.
□Authorized	Ste 700	□Authorized	Ste 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
Authorized Other <u>Representat</u>	iveOther	Authorized Other Represental	ive Other
□Manager	Name: Cristina Baldim	□Manager	Name: Carlos Felipe Lemos
□Member	Address: 21500 Biscayne Blvd.	□Member	Address: 21500 Biscayne Blvd.
□Authorized	Ste 700	□Authorized	
Person	Aventura, FL 33180	Person	Aventura, FL 33180 22
■Other <u>Representat</u>	iveOther	Authorized Other <u>Representat</u>	ive Other w
□Manager	Name:	□Manager	Name: Bruno Piacentini
□Member	Address: 21500 Biscayne Blvd.	□Member	Address: 21500 Biscayne Black
□Authorized	Ste 700	□Authorized	Ste 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
Authorized Other <u>Representati</u>	ive Other	Authorized Other Representati	ive □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.



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KPI RESI LENDCO, 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 OCTOBER, A.D. 2021.





ATTRY W. Samuel, Successary of Basis

6277330 8300

Authentication: 204309458



December 8, 2021

TATJANA MARTIN 21500 BISCAYNE BLVD STE 700 AVENTURA, FL 33180 US

SUBJECT: KPI RESI LENDCO, LLC

Ref. Number: W21000156468

We have received your document for KPI RESI LENDCO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

RECEIVED

Letter Number: 921A00029592