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S. FRANKLIN APR 1 7 2022

COVER LETTER

TO:

Registration Section Division of Corporations

_	Nam	e of Limited Liability Company	_	
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus		
Please return a	Il correspondence concerning this matter t	o the following:		
	Tatjana Martin			
		Name of Person	-	
	Kawa Capital Management, Inc.			
		Firm/Company	- 20	
	21500 Biscayne Blvd. Suite 700		2022 APR	****
		Address	는 - 20	ھیں دینے۔
	Aventura, FL 33180		PH	
	С	City/State and Zip Code	- 2: 3 <u>.</u>	الخوسدة
	Tatjana@kawa.com	<u></u>	3 5	
	E-mail address: (to be	e used for future annual report notification)	_	
For further info	ormation concerning this matter, please ca	II:		
Tatja	na Martin	305 560-5216 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number	_	
	ng Address: stration Section	Street Address: Registration Section		
	sion of Corporations	Division of Corporations		
	Box 6327 hassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please	sed is a check for the following amount: e make check payable to: FLORIDA DEP 25.00 Filing Fee S130.00 Filing Fe Certificate o	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee		

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ir imite umvariable, etter artertate t	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabil	ity Company," "I	l. C," or "l	LLC.")
Delaware 2.		88-0890820 3.			
(Jurisdiction under the law of which foreign limited liability company is organized		(FEI number, o	f applicable)	-	•
I .					
· <u> </u>	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) e penalty liability)			
21500 Biscayne Blvd.		21500 Biscayne Blvd.			
Street Address of Principal Office)		6. (Mailing Address)			-
Ste 700		Ste 700		202	
Aventura, FL 33180		Aventura, FL 33180		APR .	·
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	: :	-4 РН 2:3!	=
Name:	Kawa Capital Management, Inc.		7	2: 35	÷.4
Office Address:	21500 Biscayne Blvd. Ste 700				
	Aventura	33180 , Florida			
	(City)	, Florida(Zip code)			

(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: Title or Capacity: Name and Address: Alexandre Saverin Name: ____ Daniel Ades □Manager □ Manager Address: 21500 Biscayne Blvd. 21500 Biscayne Blvd. □Member □Member Ste 700 Stc 700 □ Authorized □ Authorized Aventura, FL 33180 Aventura, FL 33180 Person Person Authorized

Other Representative Authorized

BOther Representative □Other____ □Other____ Carlos Felipe Lemos Name: _ Cristina Baldim □Manager □Manager Address: 21500 Biscayne Blvd. 21500 Biscayne Blvd. □Member □Member Ste 700 □ Authorized □ Authorized Aventura, FL 33180 Aventura, FL 33180 Person Person ■Other <u>Representative</u> Authorized ■Other <u>Representative</u> Other Name: _____Traster □Manager □Manager 21500 Biscayne Blvd. □Member □Member Ste 700 □ Authorized □ Authorized Aventura, FL 33180 Person Person Authorized

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.

□Other_

Other

Other____

Other Representative

- 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.

	W	
	Signature of an authorized person	
Daniel Ades		
	Typed or printed name of signee	

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KPI AIRPORT BUSINESS CENTER, 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 SIXTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2022 APR -4 PM 2: 35



Authentication: 202922426

Date: 03-16-22

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