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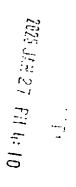
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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Kawa RE Manager II, LLC		
	<del></del> -	Name of Limited Liability Company	
		ted Liability Company for Authorization to Transact Business in Florida," Certificate of er 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 Manageme	nt, Inc.	
		Firm/Company	
	1010 S Federal Hwy, Sui	te 2900	
		Address	
	Hallandale Beach, FL 330	009	
	City/State and Zip Code		
	Tatjana@kawa.com		
	E-mail a	ddress: (to be used for future annual report notification)	
For fur	ther information concerning this mat	ter, please call:	
	Tatjana Martin	305 560-5216 at ( )	
	Name of Contact		
	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  ng amount:  ORIDA DEPARTMENT OF STATE  0.00 Filing Fee &   \$155.00 Filing Fee &  \$160.00 Filing Fee, Certificate	
		Certificate of Status Certified Copy 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited L  Delaware  2.	
Delaware  2.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0%04 & 605 0%05, F.S. to determine penalty liability)  1010 S. Federal Highway  Street Address of Principal Office)  (FEI numbers)  (FEI numbers)	nility Company," "L L C," or "LLC.")
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  1010 S. Federal Highway  Street Address of Principal Office)  (FEI number of prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  (Mailing Address)	
1010 S. Federal Highway  Street Address of Principal Office)  1010 S. Federal Highway  6. (Mailing Address)	r, if applicable)
1010 S. Federal Highway  Sueet Address of Principal Office)  1010 S. Federal Highway  6. (Mailing Address)	
Suite 2900 Suite 2900	
	25 JF
Hallandale Beach, FL 33009 Hallandale Beach, FL 3300	12
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Kawa Capital Management, Inc.  Name:	PI 4: 10
Office Address:	
Hallandale Beach 33009 . 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 designated in this application, I hereby accept the appointment as registered agent und agree to act to comply with the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent.	this capacity. I further a
(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: Title or Capacity: Name and Address: Name and Address: Name: Kawa Private Investments, LLC □ Manager Name: □Manager Address: \_\_\_ □Member ☐ Member Address: **Suite 2900** □ Authorized □ Authorized Hallandale Beach, FL 33009 Person Person Managing Member

■Other\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_\_ □Manager □Manager Address: □Member □Member Address: \_\_\_\_\_ ☐ Authorized ☐ Authorized Person Person □ Other\_\_\_\_\_ Other\_\_\_\_\_ □Other Other\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_\_\_ □Member Address: ☐ Authorized □ Authorized Person Person □Other\_\_ Other \_\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

enbula

Cristina Baldim

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KAWA RE MANAGER II, 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 NINTH DAY OF JANUARY, A.D. 2025.



Authentication: 202658439

Date: 01-09-25