

1/14/

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Phone : (614)280-3338

Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Maingate Propco, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Maingate PropCo, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1336430

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0914 & 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

(City)

, Florida 33180

(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.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Authorized Officer

Daniel Ades

21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

Authorized Officer

Cristina Baldim

21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

Authorized Officer

Alexandre Saverin

21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

Authorized Officer

Carlos Felipe Lemos

21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

Authorized Officer

(Use attachments if necessary) Jeremy Traster (same address)

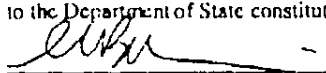
Authorized Officer

Bruno Piacentini

21500 Biscayne Blvd. Ste 700  
Aventura, FL 33180

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 signor

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MAINGATE PROPCO, 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 EIGHTH DAY OF JANUARY, A.D. 2021.



4638390 8300

SR# 20210059499

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202249532

Date: 01-08-21