

W21000009421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

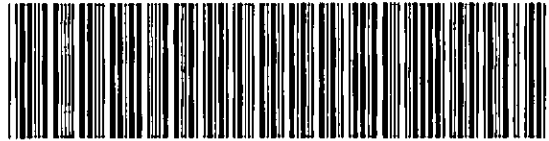
(Document Number)

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2021 JUL 19 PM 7:15

FILED

5/23/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KPI Borrowco, 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 ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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 Borrowco, 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 87-1344245
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

6. 21500 Biscayne Blvd.
(Mailing Address)

Ste 700

Ste 700

Aventura, FL 33180

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, 33180
(City) , Florida (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)

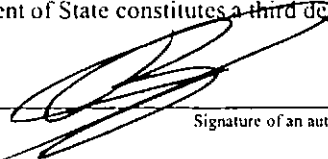
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Daniel Ades	<input type="checkbox"/> Manager	Name: Cristina Baldim
<input type="checkbox"/> Member	Address: 21500 Biscayne Blvd.	<input type="checkbox"/> Member	Address: 21500 Biscayne Blvd.
<input type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
<input checked="" type="checkbox"/> Other	Authorized Office R	<input checked="" type="checkbox"/> Other	Authorized Office R
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: Alexandre Saverin	<input type="checkbox"/> Manager	Name: Carlos Felipe Lemos
<input type="checkbox"/> Member	Address: 21500 Biscayne Blvd.	<input type="checkbox"/> Member	Address: 21500 Biscayne Blvd.
<input type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
<input checked="" type="checkbox"/> Other	Authorized Office R	<input checked="" type="checkbox"/> Other	Authorized Office R
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: Bruno Piacentini	<input type="checkbox"/> Manager	Name: Jerney Traster
<input type="checkbox"/> Member	Address: 21500 Biscayne Blvd.	<input type="checkbox"/> Member	Address: 21500 Biscayne Blvd.
<input type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	Aventura, FL 33180	Person	Aventura, FL 33180
<input checked="" type="checkbox"/> Other	Authorized Office R	<input checked="" type="checkbox"/> Other	Authorized Office R
<input type="checkbox"/> Other		<input type="checkbox"/> 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
Bruno Piacentini

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "KPI BORROWCO, 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 TWENTY-FIRST DAY OF JUNE, A.D. 2021.

2021 JUL 19 PM 7:15



6018193 8300

SR# 20212498172

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203496641

Date: 06-21-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2021

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

SUBJECT: KPI BORROWCO, LLC
Ref. Number: W21000095844

We have received your document for KPI BORROWCO, 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 Foreign Limited Liability Company application submitted is no longer accepted. Please complete the attached application.

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

Letter Number: 621A00015302

RECEIVED

JUL 19 2021