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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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xx	CERTIFIED COPY		
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хх	FILING	LLC	
1.	FORT MYERS SENIOR HOU	JSING II PROPCO, LLC	
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SPECIA	L INSTRUCTIONS:		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fort Myers Senior Housing II PROPCO, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida
Please return all correspondence concerning this matter to the following:	
Meegan T. Motisi	
Name of Person	
c/o Kayne Anderson Real Estate Advisors, LLC	
Firm/Company	
One Town Center Rd., Stc. 300	
Address	
Boca Raton, FL 33486	
City/State and Zip Code	
mmolisi@kaynecapital.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Meegan T. Motisi at (561) 300-6263 Name of Contact Person Area Code Daytime Telephone Number	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Division of Corporations Division of Corporations	
Registration Section Registration Section P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahussee, FL 32301	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status / Certified Copy of Status & Certified Copy	ate

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. Fort M	/ers Senior Housing II PROPCO, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	evailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited mpany," "L.L.C," or "LLC.")
2. Delawai	e 3.
	on under the law of which foreign limited liability (FEI number, if applicable) is organized)
4. Januar	ر 27, 2015
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Anderson Real Estate Advisors, LLC Sown Center Rd., Stc. 300, Boca Raton, FL 33486 (Street Address of Principal Office) The Anderson Real Estate Advisors, LLC
5. c/o Ka	ne Anderson Real Estate Advisors, LLC
One To	own Center Rd., Stc. 300, Boca Raton, FL 33486
	(Street Address of Principal Office)
5. <u>c/o Kay</u>	ne Anderson Real Estate Advisors, LLC
One To	wn Center Rd., Stc. 300, Boca Raton, FL 33486
	(Mailing Address)
	ame, title or capacity and address of the person(s) who has/have authority to manage is/are:
roll Myels	Senior Housing JV PROPCO, LLC, Manager
o∕o Kayne	Anderson Real Estate Advisors, LLC, One Town Center, Ste. 300
Boca Rator	, FL 33486
naving cu icceptable	ed is an original certificate of existence, no more than 90 days old, duly authenticated by the official stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not e. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ibmitted)
	Muganethasi
	Signature of an authorized person with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 1 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.)
	Meegan T. Motisi
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the L	imited Liability Company is:
Fort Myers Senior Housing	ng II PROPCO, LLC
If unavailable, the alto	ernate to be used in the state of Florida is:
2. The name and the	Florida street address of the registered agent and office are:
NRAI	1 Services, Inc.
	(Name)
1200	South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Planta	rion FL 33324 City/State/Zip
liability company at the registered agent and a statutes relating to the accept the obligations Statutes.	s registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as agree to act in this capacity. I further agree to comply with the provisions of all a proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 605, Florida RAI Services, Inc.
	(Signature) Donne Coswell, Aut Secy,

Filing Fee for Application

Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORT MYERS SENIOR HOUSING II 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORT MYERS

SENIOR HOUSING II PROPCO, LLC" WAS FORMED ON THE TWENTY-SEVENTH

DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5681769 8300

150114426

AUTHENTYCATION: 2078136

DATE: 01-29-15

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