# M1500000170

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

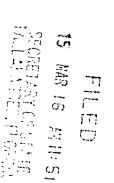


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When you need ACCESS to the world

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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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3.		(CORPORATE NAME AND DOCUM	IENT#)				
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SPECIAL INSTRUCTIONS:							

#### **COVER LETTER**

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JBJECT:	TJC S HIGHWAY 27 FL, LLC					
	Na	ame of Limite	d Liability Company			-
	"Application by Foreign Limited Li d check are submitted to register the					
ease return	all correspondence concerning this r	matter to the	following:			
		Na	ame of Person			
		Fi	rm/Company		<del></del>	
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	Name of Contact Person		at ()	Daytime Telephone N	lumber	-
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	Division Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations tion Section Building tecutive Center Circle tisee, FL 32301			
	a check for the following amo 125 00 Filing Fee \$\square\$	ing Fee &	☐ \$155.00 Filing Fee Certified Copy	& □ \$160.00 Fili of Status &		

#### 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. TJC S HIGHWAY 27 FL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "(L.C.")
(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 3.
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o Kayne Anderson Real Estate Advisors, LLC, One Town Center Road, Suite 300
Boca Raton, Florida 33486
(Street Address of Principal Office)
6. c/o Kayne Anderson Real Estate Advisors, LLC, One Town Center Road, Suite 300
Boca Raton, Florida 33486
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
TJC JV, LLC, its Sole Member
c/o Kayne Anderson Real Estate Advisors, LLC, Onc Town Center Road, Suite 300
Boca Raton, Florida 33486
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person  (In accordance 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 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.)
Meegan 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 Limited Liabili	ty Company is:		
TJC S HIGHW	AY 27 FL, LLC			
If unavailable	e, the alternate to be us	sed in the state of Florida is:		
2. The name	and the Florida street	address of the registered agent and office are:	(1)	
	NRAI Services, Inc.		7.	
		(Name)	<del>-</del>	
	1200 South Pine Islar	nd Road		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324		
		City/State/Zip	_	
liability comp registered ag statutes relati	oany at the place desig ent and agree to act in ing to the proper and c	gent and to accept service of process for the above nated in this certificate, I hereby accept the appoin this capacity. I further agree to comply with the p complete performance of my duties, and I am famil n as registered agent as provided for in Chapter 6	ntment as provisions of all liar with and	
	NRAI Services, Ir By: SUSAM	nc. SUSCAPMELA (Signature)		
		S 100.00 Filing Fee for Application		

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "TJC S HIGHWAY 27 FL, 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 THIRTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TJC S HIGHWAY 27 FL, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2015.

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

FILED

FILED

FILED

FILED

5707367 8300

150354690

Jeffrey W. Bullock, Secretary of St AUTHENTY CATION: 2197940

DATE: 03-13-15

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