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SPECIAL INSTRUCTIONS:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ΓJC WELLS ROAI						
		Name	of Limited	Liability Company			
						ansact Business in Florida," Co y company to transact business	
Please return a	Il correspondence c	concerning this matte	er to the f	ollowing:			
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For further info	ormation concerning	g this matter, please	call:				
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Enclosed is a	a check for the f	ollowing amount	t·				
	25.00 Filing Fee	\$130.00 Filing I Certificate of St	Fee &	□ \$155.00 Filing		☐ \$160.00 Filing Fee, Certi of Status & Certified Cop	ficate
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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. TJC WELLS ROAD 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.")	i
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. <u> </u>	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
c/o Kayne Anderson Real Estate Advisors, LLC, One Town Center Road, Suite 300	
Boca Raton, Florida 33486	الممة ا
(Street Address of Principal Office)	} ; .21 ·
5. c/o Kayne Anderson Real Estate Advisors, LLC, One Town Center Road, Suite 300	مجه مرسور
Boca Raton, Florida 33486	1
(Mailing Address)	كممي
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, One Town Center Road, Suite 300	
Boca Raton, Florida 33486	
B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving 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 translation ust 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 maken 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.)	e true.
Мееgan 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	of the Limite	d Liability Company is:			
TJC WELLS RO	OAD FL. LLC				
If unavailable,	the alternate	e to be used in the state of Florida is:			
2. The name a	and the Flori	da street address of the registered agent and office are:		2	-
	NRAI Serv	ices, (ne.	<u>></u>		
	1200 South	(Name) Pine Island Road	URETAR LAHAS	2015 MAR 16	200 and 2
		Florida Street Address (P.O. Box NOT ACCEPTABLE)	RY UF ST SEE. F.L.(P. 35	T)
	Plantation	FL 33324 City/State/Zip	—85 —85	կ։ է0	
		C region and pro-	7 4		

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.

	NRAI Services, Inc.	
By:	Susan	BUSCARMERA
		(Signature)

\$ 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 WELLS ROAD 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 WELLS ROAD 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.

5707383 8300

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Jeffrey W. Bullock, Secretary of S AUTHENTYCATION: 2197938

DATE: 03-13-15

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