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ECIAL	INSTRUCTIONS:

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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NAPLES SENIOR HO	USING II OPCO, LLC				
(Name of Fore	ign Limited Liability Company; n	aust include "Limited L	lability Company," "L.L.C.," or "	(,l,C,")	
Liability Company," "L.L.C."	ternate name adopted for the purp	ose of transacting busin	ness in Florida. The alternate name	e must include "Limite	ıd
company is organized)	of which foreign limited liability	3	(FEI number, if applicable)		
4. 10/19/15	(Date first transacted bus	iness in Florida, if prior	to registration.)		
5. c/o National Registered	(See sections 605.0904 & 60 d Agents, Inc.,		ine penalty liability)		
160 Greentree Drive, S	uite 101, Dover, Delaware 199				
All growns we will be to the total all appears considerables or the	•	of Principal Office)	ويورونهم والمتعادية والمتعادة والمتعادية وال	•	
6. c/o Kayne Anderson Re	eal Estate Advisors, LLC				
One Town Center Rd.,	Suite 300, Boca Raton, FL 334	486			
	(Mailin	ng Address)			
7. Name and street addres	s of Florida registered agent: ((P.O. Box NOT acce	eptable)	5 O	6 * 1 *********************************
Name:	NRAI Services, Inc.		and the second s	OCT 2	
Office Address:	1200 South Pine Island Road			O AM	i, M
	Plantation		, Florida <u>33324</u>	F 53	
100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(City)		(Zip code)	RE	WA PHARM
designated in this applica- to complywith the provision	gistered agent and to accept sition, I hereby accept the appoons of all statutes relative to the appoposition as registered agen	intment us registered he proper and comple it.	agent and agree to act in this ete performance of my duties,	s capacity. I further and I am familiar	r agree with and
	(Reg	zistored agent`s signatur	re)	,	/.
8. The name, title or capa	acity and address of the person	(s) who has/have auth	nority to manage is/are:		
Naples Senior Housing JN	VOPCO, LLC				
c/o Kayne Anderson Real	Estate Advisors, LLC			***************************************	
One Town Center Rd., Su	nite 300, Boca Raton, FL 33486	6		· · · · · · · · · · · · · · · · · · ·	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 of which it is organized. (If the ubmitted)	days old, duly auther e certificate is in a for which the certificate is in a for ure of an authorized per	nticated by the official having creign language, a translation of	custody of records in the certificate unde	i the r oath
This document is executed	d in accordance with section 60	5.0203 (1) (b), Florid	la Statutes. I am aware that any	false information	
submitted in a document to	the Department of State const	titutes a third degree f	felony as provided for in s.817.	.155, F.S.	

Meegan T. Motisi, Authorised Person

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NAPLES SENIOR HOUSING II OPCO, 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 TWENTIETH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAPLES SENIOR HOUSING II OPCO, LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10265343

Date: 10-20-15

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