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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 WALK IN					
\boxtimes	CERTIFIED COPY				
	РНОТОСОРУ				
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	Sarasota Ser (CORPORATE NAME AND DOCUME	Foreign LLC nior Housing 1 Opco, LLC			
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COVER LETTER

TO:

Registration Section

Div	ision of Carporation	S				
SUBJECT:	Sarasota Senior Hou					
		Name of Limited Liability Company				
The enclosed Existence, an	I "Application by For- id check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza	tion to Trai ed liability	nsact Business in Florida," company to transact busir	Certificate of less in Florida
Please return	all correspondence c	oncerning this matter to the	following:			
	Jessica French					
	Name of Person					
Kayne Anderson Real Estate Advisors, LLC						
	Firm/Company					
	One Town Center Road Suite 300					
Address						
	Boca Raton, FL 33486					
		City/St	ate and Zip Code			
	jfrench@kayneca	pital.com				
	E-mail address: (to be used for future annual report notification)					
For further in	aformation concerning	this matter, please call:				
Jess	sica French		at (501	200	6255	
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 1 2661 Executive Center Circle Tallahassee, FL 32301				
	check for the follow 125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	\$160.00 Filing Fee, C of Status & Certified Co	

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:

(Name of Fore	eign Limited Liability Company; must inclu	ide "Limited Liabil	ity Company," "L.L	.C.," or "L	L.C.")	
If name unavailable, enter a liability Company," "L.L.C,	Iternate name adopted for the purpose of tra " or "LLC.")	ansacting business	in Florida. The altern	nate name r	nust incl	ude "Limited
Delaware	7					
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if app	licable)		
2/23/16						
	(Date first transacted business in F (See sections 605.0904 & 605.0905.	lorida, if prior to re	egistration.)			
c/o Kayne Anderson R	eal Estate Advisors, LLC	1 .o. so determine ;				
One Town Center Road	d, Suite 300, Boca Raton, FL 33486					
	(Street Address of Princip.	al Office)				
c/o Kayne Anderson Re	eal Estate Advisors, LLC				I~3	
One Town Center Road	d, Suite 300, Boca Raton, FL 33486			(1) (1) (2)	- -	4
	(Mailing Addres	s)		555 FT1 125 2-4	3	Manualian
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptal	ole)	38.E.	23	Si merimani Si merimani
Name:	NRAI Services, Inc.			m A	\triangleright	177
Office Address:	1200 South Pine Island Road			STA	₽	0
	Plantation		Florida 33324	ᇢ류	20	
	(City)		(Zip co	ode)		
signated in this applica complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope my position as registered agent.	as registered age r and complete p	ent and agree to accertformance of my	t in this c duties, a	apacity.	. I further a
	\ <u> </u>	LONNO	- (Aswe	4/ .		
	(Registered ap	gent's signature)	Asyt. So			
The name, title or cana	scity and address of the person(s) who t		• •	,		
	IV OPCO, LLC (MANAGER)		, to manage to at e.			
o Kayne Anderson Real						
one Town Center Road, S	Suite 300, Boca Raton, FL 33486					
	of existence, no more than 90 days old					
risdiction under the law the translator must be st	of which it is organized, (If the certification)	ate is in a foreign	ranguage, a transi	ation of th	ie certifi	icate under o
	Weegen Drote	NA.				
•	Signature of an o	authorized person				
his document is executed shmitted in a document to	in accordance with section 605.0203 (the Department of State constitutes a t	1) (b), Florida Sta hird degree felon	atutes. I am aware y as provided for i	that any fa n s.817.15	dse info 55, F.S.	rmation
	Mcegan T. Motisi, Authorized Person					

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SARASOTA SENIOR HOUSING I 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2016.

5965849 8300

Authentication: 201840344

Date: 02-16-16

SR# 20160852673

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