14600001846

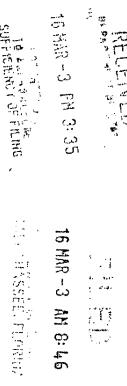
(Requestor's Name)				
(Address)				
(Add	ress)			
(City,	/State/Zip/Phor	ne #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



500282912975

03/04/16--01001--004 **155.00



MAR 0 & 2016 Y SULKER

CORPORATE	When you need ACCESS to the world					
ACCESS,						
INC.	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						
1	PICK UP: 3-3-16					
CERTIFIED COPY						
□ РНОТОСОРУ						
□ cus						
	Foreign					
Melbourn-e (CORPORATE NAME AND						
(CORPORATE NAME AND	DOCUMENT #)					
(CORPORATE NAME AND	DOCUMENT #)					
(CORPORATE NAME AND	DOCUMENT #)					
(CORPORATE NAME AND	DOCUMENT #)					
(CORPORATE NAME AND I	DOCUMENT #)					

SPECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

1.

2.

3.

5.

6.

COVER LETTER

TO:	Registration Section Division of Corporations						
SURIE	Melbourne Senior Housing I	PROPCO, LLC					
GC DOI		Name of L	imited Liability C	ompany			
	closed "Application by Foreign Limice, and check are submitted to regis						
Please	return all correspondence concerning	g this matter to the f	ollowing:				
	Jessica French						
		Na	me of Person				
	Kayne Anderson Real Estate Advisors, LLC						
		Fir	m/Company				
	One Town Center Road, Suite 300						
			Address				
	Boca Raton, FL 33486						
		City/Sta	ate and Zip Code		***************************************		
	jfrench@kaynecapital.con	า					
	E-mail	address: (to be used	for future annual	report not	fication)		
For fur	ther information concerning this mat	tter, please call:					
	Jessica French		561 at (300-625	55		
	Name of Contact	Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations on Section uilding cutive Center Circle			
Encios		ent: 1.00 Filing Fee & cate of Status	\$155.00 Filin Certified Copy	ig Fee &	\$160.00 Filing Fee, Ce of Status & Certified Cop		

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:

, Melbourne Senior Hous	ing I PROPCO, LLC		
(Name of Fore	gn Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"	cernate name adopted for the purpose of transacting bus	iness in Florida. The alternate name	: must include "Limited
2 Delaware	3. 81-16671	83	
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4,	Open 15/12, (Date first transacted business in Florida, if price		
	(Date first transacted business in Florida, if prid (See sections 605.0904 & 605.0905, F.S. to determ	or to registration.) mine penalty liability)	
5. c/o Kayne Anderson Re	eal Estate Advisors, LLC		
One Town Center Road	i, Suite 300, Boca Raton, FL 33486		
	(Street Address of Principal Office)		
6. Co Kayne Anderson Re	al Estate Advisors, LLC		
One Town Center Road	I, Suite 300, Boca Raton, FL 33486		
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acc	ceptable)	
Name:	NRAI Services, Inc.		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324 (Zip code)	. 16
Registered agent's accep	(City)	(Zip code)	
Having been named as re this application, I hereby with the provisions of all the obligations of my post	gistered agent and to accept service of process fo accept the appointment as registered agent and a statutes relative to the proper and complete perfo tion as registered agont	igree to act in this capacity. I f	further agree to comply familiar with and accept
	(Kegistered agent's signat	uic)	•
•	acity and address of the person(s) who has/have au	ithority to manage is/are:	
c/o Kayne Anderson Real	Estate Advisors, LLC		
One Town Center Road,	Suite 300, Boca Raton FL 33486		
	e of existence, no more than 90 days old, duly auth of which it is organized. (If the certificate is in a fulbmitted) Signature of an authorized p	oreign language, a translation o	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b), Floo the Department of State constitutes a third degre	rida Statutes. I am aware that an e felony as provided for in s.817	y false information 1.155, F.S.
	Meegan 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 "MELBOURNE SENIOR HOUSING I 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 THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELBOURNE SENIOR HOUSING I PROPCO, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2016.

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

Authentication: 201925461

Date: 03-03-16

5977220 8300

SR# 20161467122