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S. YOUNG

CORPORATE  When you need ACCESS to the world  ACCESS,  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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SPECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

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## **COVER LETTER**

	Melbourne Senior H	lousing JV OPCO, LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed Existence, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refer	pany for Authorizatenced foreign limit	tion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please return	all correspondence o	concerning this matter to the	following:			
	Jessica French					
		N	ame of Person			
	Kayne Anderson Real Estate Advisors, LLC					
	Firm/Company					
	One Town Cen	ter Road, Suite 300				3 SEC
	Address					著 圣
	Boca Raton, FI	L 33486				CAHASSE
	·····	City/S	State and Zip Code			
	jfrench@kaynec	-				ELPLORIDA
	_	E-mail address: (to be use	d for future annual	report not	ification)	15 E
For further in	formation concerning	g this matter, please call:				
Jessica French 561		561 at (	300-62			
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporation: istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section building ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ving amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	155.00 Filis 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 HABILITY COMPANY TOTRANSACT RESIDENCE IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLORIDA:			
(Name of Fore	sing JV OPCO, LLC ign Limited Liability Company; must	include "Limited Liab	ollity Company," "L.L.C.," or "LLC	")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose	of transacting business	s in Florida. The alternate name mu	st include "Limited
Delaware	ti CDC. )	3 81-1667236		
	of which foreign limited liability	3	(FEI number, if applicable)	<del></del>
	Upon Flin			
	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if prior to 905, F.S. to determine	registration.)	
5. c/o Kayne Anderson R	cal Estate Advisors, LLC			<b>3</b>
One Town Center Road	J, Suite 300, Boca Raton, FL 3348	6		ID HAR -3 BH 10:
	(Street Address of Pr	incipal Office)		ري ان د ان د
6. c/o Kayne Anderson Re	eal Estate Advisors, LLC			<b>ယ</b> ေျ
One Town Center Road	I, Suite 300, Boca Raton, FL 3348	6		5. C.
	(Mailing A	ddress)		25
7. Name and street addres	s of Florida registered agent: (P.C	). Box <u>NOT</u> accept	able)	3
Name:	NRAI Services, Inc.		_	
Office Address:	1200 South Pine Island Road		_	
	Plantation		, Florida 33324 (Zip code)	
Registered agent's accep	(City)		(Zip code)	
Having been named as re this application, I hereby with the provisions of all s the obligations of my posi	gistered ayent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered ayent.	red agent and agre complete performa	e to act in this capacity. I furth	er agree to comply tiliar with and accept
8. The name, title or caps	acity and address of the person(s) v	who has/have author	ity to manage is/are:	
DK Manager XI, LLC (M	ANAGER)			
Bonita Beach Rd., Suite I	13			, <del></del>
Bonita Springs, FL 34134				P
9. Attached is a certificate jurisdiction under the law of the translator must be so	1 101 - (1	rs old, duly authentic rtificate is in a forei Multi- of an authorized perso	gn language, a translation of the	dy of records in the certificate under oath
This document is executed	I in accordance with section 605.02	203 (1) (b), Florida	Statutes. I am aware that any fals	e information
submitted in a document to	the Department of State constitut	_	ony as provided for in s.817.155	, F.S.
	Meegan T. Motisi, Authorized P.	erson		

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MELBOURNE SENIOR HOUSING JV 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 THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELBOURNE SENIOR HOUSING JV OPCO, 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: 201925470

Date: 03-03-16