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## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

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							
	PICK UI	P: 3-24-16					
$\boxtimes$	CERTIFIED COPY						
	РНОТОСОРУ						
	cus						
A	FILING	LLC					
	Palm Beach Gard (CORPORATE NAME AND DOCUMEN	lens Senial Housing JV OPCO, LLC					
: '•	(CORPORATE NAME AND DOCUMEN	NT #)					
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· <b>.</b>	(CORPORATE NAME AND DOCUMEN	JT #)					
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•	(CORPORATE NAME AND DOCUMEN	JT #)					
PECIA	AL INSTRUCTIONS:						

### **COVER LETTER**

eupreom.		s Senior Housing JV OPCO	O, LLC				
Name of Limited Liability Company							
Please return	ali correspondence c	oncerning this matter to the	e following:				
	Jessica French						
	, <u></u>	Name of Person  Layne Anderson Real Estate Advisors, LLC  Firm/Company  One Town Center Road, Suite 300  Address  Loca Raton, FL 33486					
Kayne Anderson Real Estate Advisors, LLC Firm/Company							
Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following:    Jessica French							
Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," of Existence, and check are submitted to register the above referenced foreign limited liability company to transact busine Please return all correspondence concerning this matter to the following:    Jessica French							
	Address  Boca Raton, FL 33486  City/State and Zip Code  jfrench@kaynecapital.com						
	jfrench@kayncca	apital.com					
	<del> </del>	E-mail address: (to be use	ed for future annual	report not	ification)		
For further in	nformation concerning	g this matter, please call:					
Jes	sica French			300-62	55		
***	Name o	f Contact Person		Day	time Telephone Number		
Div Reg P.O	ision of Corporations sistration Section  Box 6327			Division Registrat Clifton B 2661 Exe	of Corporations ion Section wilding coutive Center Circle		
	a 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, Certificate of Status & Certified Copy		

### 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	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")		
If name unavailable, enter all	ternate name adopted for the purpose of transacting business in Florida. The alternate name	ne must includ	je "Limi	ted
DELAWAPE	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability  3		<del></del>	
. Upon filing		_		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
clo Kayne Anderson R	eal Estate Advisors, LLC	_		
One Town Center Road	f, Suite 300, Boca Raton, FL 33486	30	No.	
	(Street Address of Principal Office)		<i>⊙</i> 7	. 9
. c/o Kayne Anderson Re	eal Estate Advisors, LLC	7/2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	70m	
One Town Center Road	3, Suite 300, Boca Raton, FL 33486		p5	-
	(Mailing Address)	- 25	- (*-O)	, Y
'. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	THO THO	EX. O	ran East
Name:	NRAI Services, Inc.	-02E	8։ կ8	
Office Address:	1200 South Pine Island Road	À		
	Plantation , Florida 33324			
Registered agent's accept	(City) (Zip code)	<del></del>		
his application, I hereby over the provisions of all she obligations of my posi	gistered agent and to accept service of process for the above stated corporation accept the appointment as registered agent and agree to act in this capacity. I statutes relative to the proper and complete performance of my duties, and I are tion as registered agent.  NRAI Services, Inc.  (Registered agent's signature)  ASS +. Services	further agre n famillar w	e to co	mply
	(Registered agent's signature) Asst. Sec 9	-		
8. The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:			
DK Manager XI, LLC (M				
Bonita Beach Rd., Suite I	13			
Bonita Springs, FL 34134				
	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation cubmitted)  Sighature of an authorized person			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that are the Department of State constitutes a third degree felony as provided for in s.81	ny false infor 7.155, F.S.	mation	
	Meegan T. Motisi, Authorized 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 "PALM BEACH GARDENS 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 TWENTY-FOURTH DAY OF MARCH,

A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM BEACH

GARDENS SENIOR HOUSING JV OPCO, LLC" WAS FORMED ON THE TWENTY-FIRST

DAY OF MARCH, A.D. 2016.

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

Authentication: 202038863

Date: 03-24-16

5994282 8300 SR# 20161855068