

M16000007383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

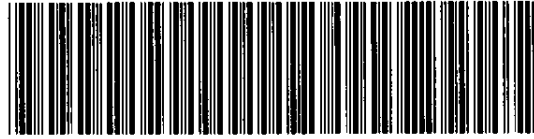
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16-61168

Office Use Only



400289999324

09/15/16--01014--010 \*\*620.00

FILED

2016 SEP 16 A 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

16 SEP 15 PM 2:07

SECRETARY OF STATE  
SUFFICIENCY OF FILINGS

SEP 19 2016  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2016

*Corrected*

CORPORATE ACCESS

SUBJECT: WEST PALM BEACH 927 MEDICAL PROPERTIES, LLC  
Ref. Number: W16000064168

We have received your document for WEST PALM BEACH 927 MEDICAL PROPERTIES, LLC and your check(s) totaling \$620.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 616A00019864

2016 SEP 16 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

16 SEP 16 PM 3:31  
SUFFICIENCY OF FILING

RECEIVED

155

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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 UP:** 9/15 Glinda

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** FOREIGN LLC \_\_\_\_\_

1. WEST PALM BEACH 927 MEDICAL PROPERTIES, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2016 SEP 16 A 10:42  
**FILED**

**SPECIAL 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WEST PALM BEACH 927 MEDICAL PROPERTIES, LLC  
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 81-3825822  
 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. UPON FILING  
 (Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o Kayne Anderson Real Estate Advisors, LLC  
One Town Center Road, Suite 300, Boca Raton, FL 33486  
 (Street Address of Principal Office)

6. c/o Kayne Anderson Real Estate Advisors, LLC  
One Town Center Road, Suite 300, Boca Raton, FL 33486  
 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: NRAI Services, Inc.  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
 (City) (Zip code)

2018 SEP 16 A 10:42  
 FILED  
 TALLAHASSEE, FLORIDA

**Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: NRAI Services, Inc.  
Joanne Caswell,  
 (Registered agent's signature) *Asst. Secy.*

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Medical Properties IV JV, LLC (manager)  
c/o Kayne Anderson Real Estate Advisors, LLC  
One Town Center Road, Suite 300, Boca Raton, FL 33486

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Meegan T. Motisi  
 Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Meegan T. Motisi  
 Typed or printed name of signee

# Delaware

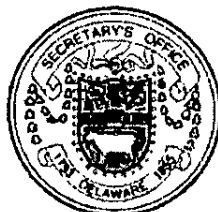
Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST PALM BEACH 927 MEDICAL PROPERTIES, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEST PALM BEACH 927 MEDICAL PROPERTIES, LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2016.

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



  
Jeffrey W. Bullock, Secretary of State

6146381 8300

SR# 20165791404

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202995132

Date: 09-15-16