

M 18000 00 4327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

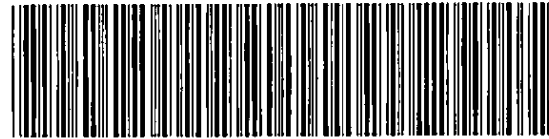
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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800312159428
05/01/18--01010--014 **620.00

RECEIVED
18 MAY - 1 AM 11:21

FILED
2018 MAY - 3 PM 3:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2018

CORPORATE ACCESS, INC

SUBJECT: OCALA MEDICAL PROPERTIES, LLC
Ref. Number: W18000040893

18 MAY -3 PM 2:42

We have received your document for OCALA 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00008971

Abandon this filing
Changed name
Use for this fil

**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: 5/1 Glinda

XX CERTIFIED COPY

☐ PHOTOCOPY

☐ CUS

XX FILING

LLC

1. OCALA 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 #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocala 1710 Medical Properties, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jessica French
Name of Person
Kayne Anderson Real Estate Advisors, LLC
Firm/Company
One Town Center Road, STE 300
Address
Boca Raton, FL 33486
City/State and Zip Code
jffrench@kaynecapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica French 561 300-6255
Name of Contact Person Area Code Daytime 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
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$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.

1. Ocala 1710 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. _____
(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, STE 300, Boca Raton, FL 33486
(Street Address of Principal Office)
6. c/o Kayne Anderson Real Estate Advisors, LLC
One Town Center Road, STE 300, Boca Raton, FL 33486
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- | | | | |
|-----------------|------------------------------------|----------------|--------------|
| Name: | <u>NRAI Services, Inc.</u> | | |
| Office Address: | <u>1200 South Pine Island Road</u> | | |
| | <u>Plantation</u> | <u>Florida</u> | <u>33324</u> |
| | (City) | | (Zip code) |

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
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Meegan T. Motisi, Authorized Person

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 signer

FILED
2010 MAY -3 PM 3:59
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCALA 1710 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 THIRD DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCALA 1710 MEDICAL PROPERTIES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2018.

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



6862594 8300

SR# 20183302701

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202627693

Date: 05-03-18