Naconto

,	(Requestor's Name)	
	(Address)	
	(Address)	-
	(City/State/Zip/Phone #)	<u> </u>
PIÇK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
	, to , ming omeon	
		:

Office Use Only



200333268752

200333268752 03/14/19--01007--026 **155.00-

19 AUG 14 MH 11: 50

Y SCOTT AUG 15 2019



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

	CERTIFIED COPY		TÃI L
	РНОТОСОРУ		2019 AUG IL PIL
	cus		EE 7
сж	FILING	FOREIGN	FLORIDA
N	EWBERRY PARK P	ROPERTIES, LLC	Dr. D
((CORPORATE NAME AND DOC	CUMENT #)	
	CORDOR ATE MANE AND DOG	N.D. (INVENTED	
)	CORPORATE NAME AND DOC	UMENT#)	
((CORPORATE NAME AND DOC	CUMENT#)	
((CORPORATE NAME AND DOC	CUMENT #)	
(0	CORPORATE NAME AND DOC	CUMENT#)	
(C	ORPORATE NAME AND DOC	CUMENT #)	

COVER LETTER

17	ivision of Corporati							
JECT	Newberry Park Pr	operties, LLC						
		Name o	f Limited Liability	Company				
nclose ence, s	ed "Application by F and check are submit	oreign Limited Liability Conted to register the above refe	npany for Authorize renced foreign limi	ition to Ti ted liabili	ransact Business in Fl ty company to transac	orida," C t busines	ertificat is in Flo	c o: rida
retur	rn all correspondence	concerning this matter to the	e following:					
	Erika Yess							
		1	Name of Person					
	Kayne Anders	son Real Estate Advisors, LL	.c					
	<u>-</u> -	Į.	irm/Company			 1	~	
	One Town Co	nter Road, STE 300				ALLAH	2019 AUG 14	
	<u> </u>		Address			HASS	<u>9</u>	
	Boca Raton, F	L 33486				SEE.		
		City/s	State and Zip Code			-	PH -	
	eyess@kayneca	pital.com				LORID	9դ ։ դ	
		E-mail address: (to be use	d for future annual	report no	tification)		σ	
rther i	information concerni	ng this matter, please call:						
Eri	ika Yess		561 at (300-62	285			
	Name	of Contact Person	Area Code	Day	ytime Telephone Num	ber		
Div Reg	AILING ADDRESS vision of Corporation gistration Section D. Box 6327			Division	of Corporations ion Section			
Tal	lahassee, FL 32314			2661 Exe	coutive Center Circle see, FL 32301			
ed is a	a check for the follow	ving amount:						
	125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing F of Status & Certifie	ec, Certi	ficate	

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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Newberry Park 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 (Jurisdiction under the law of which foreign limited liability company is organized) **UPON FILING** (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o Kayne Anderson Real Estate Advisors, LLC One Town Center Road, STE 300, Boca Raton, FL 33486 (Street Address of Principal Office) 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) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. NRAI Services, Inc. By: (Registered agent's signature) SOANNE CASWELL, ASSL, Sory. 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 1 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) 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.

Typed or printed name of signee

Meegan T. Motisi

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEWBERRY PARK 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 FOURTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWBERRY PARK POPERTIES, LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2019.

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

4: **4**

Authentication: 203405459

Date: 08-14-19

7553322 8300 SR# 20196505388